

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

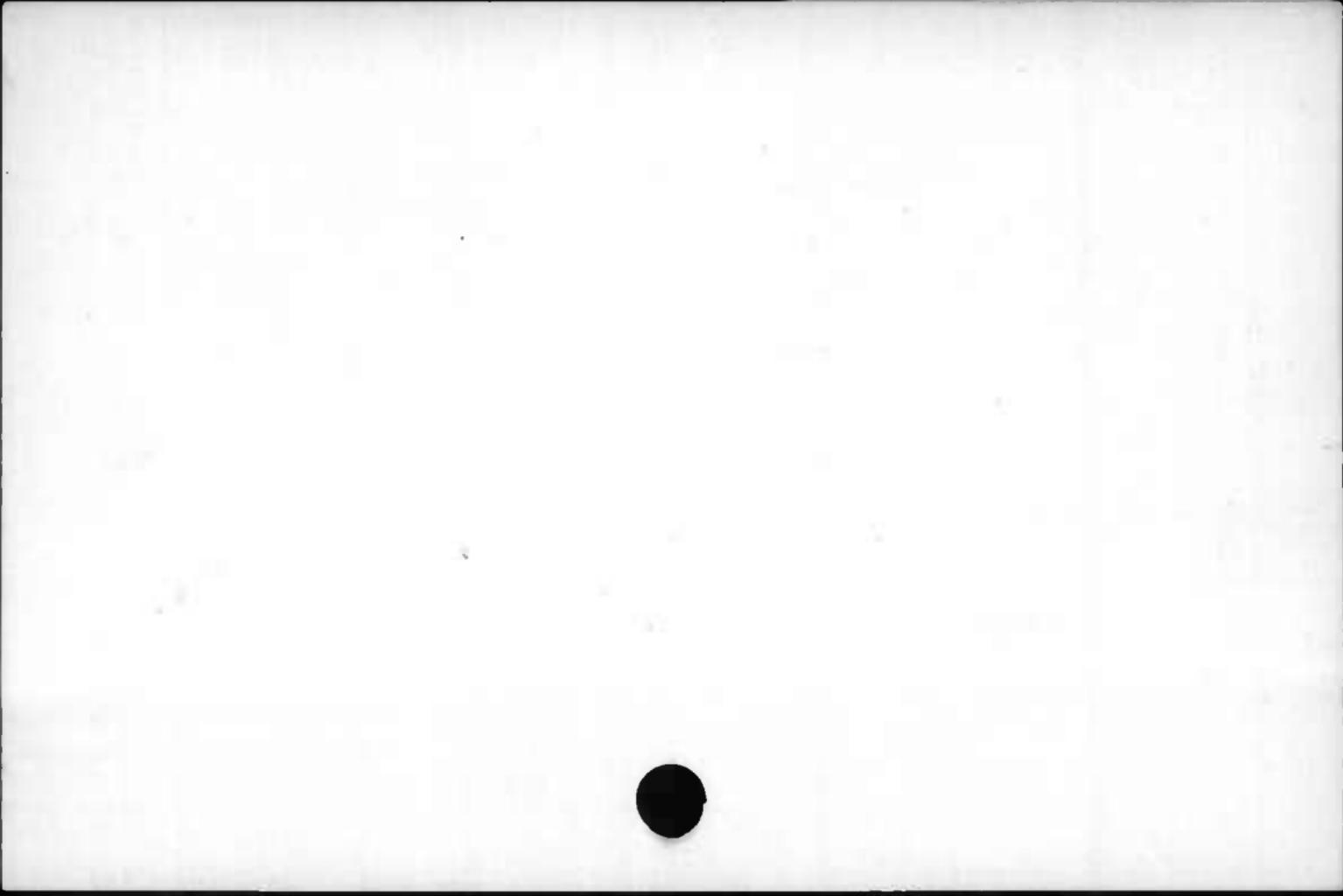
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John W. Albrecht		Md.				
Mother's Maiden Name	Rebecca Hill		Md.				
Name of person giving information	Miss Gertrude		Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	X	How long
Immediate	Cerebral Hemorrhage	24 hours	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank Hedie
		Address	Frederick Md.
Accident or Suicide?			



Name
in
Full

J. Fred. Alvey,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>November</u>	Day <u>25th</u>	Age <u>93</u>	Years <u>93</u>	Months <u>-2</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birthplace <u>Hagerstown Md</u>		
Occupation <u>Government Official</u>	Where Residing if not at place of death <u>Washington D.C.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife <u>Husband</u>	<u>Ann R. Alvey.</u>			Father's Birthplace <u>Washington County</u>	
Father's Name <u>Richard N. Alvey,</u>						
Mother's Maiden Name <u>Julia Ann Hayes</u>				Mother's Birthplace <u>Washington County</u>		
Name of person giving information <u>Physician</u>				How related to deceased <u>No relation</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Bright's Disease

How long

Immediate Uremia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

T.B. Johnson

Address

Frederick Md.

Accident or Suicide?



Name
In
Full

John William Anders

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Place of death	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

1906 Dec. 1 72 5 18^{days}

Male White

Farmer Minerva Valentine

Abram Anders

Sophia Elizabeth Towers

Minerva Anders wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Disease of heart

How long

Years

Immediate

Heart Failure

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

U.S.

Signature of Physician

Address

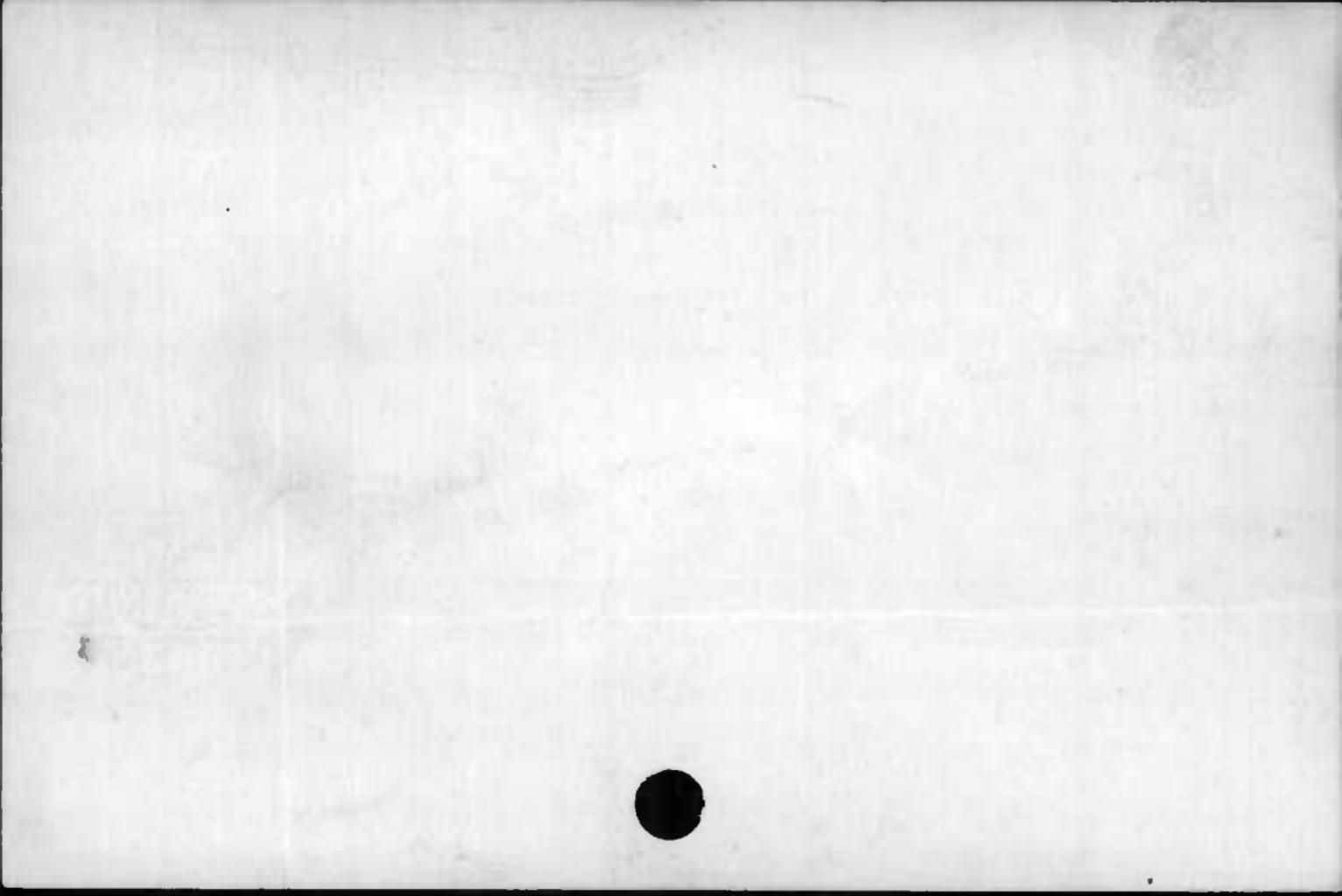
G. H. Dillon

Denton

Maryland

Accident or Suicide?

no



Name
in
Full

Laura V. Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	"	Years	Months	Days
Sex	Female	Color or Race	Native	Birth-place	Md	
Occupation	H.W.	Where Residing if not at place of death			X	
Mariel, Single or Widowed	Name of Husband	Otis Anderson				
Father's Name	Joshua Young		Father's Birthplace			
Mother's Maiden Name	May A. E. Dietzbaugh		Mother's Birthplace			
Name of person giving information	Mrs G. Anderson		How related to deceased	Son		
CAUSES OF DEATH (N.D.)						
Primary	Cerebral Intestinal Nephritis		How long	1 Year		
Immediate	Feveration		How long	6 weeks		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

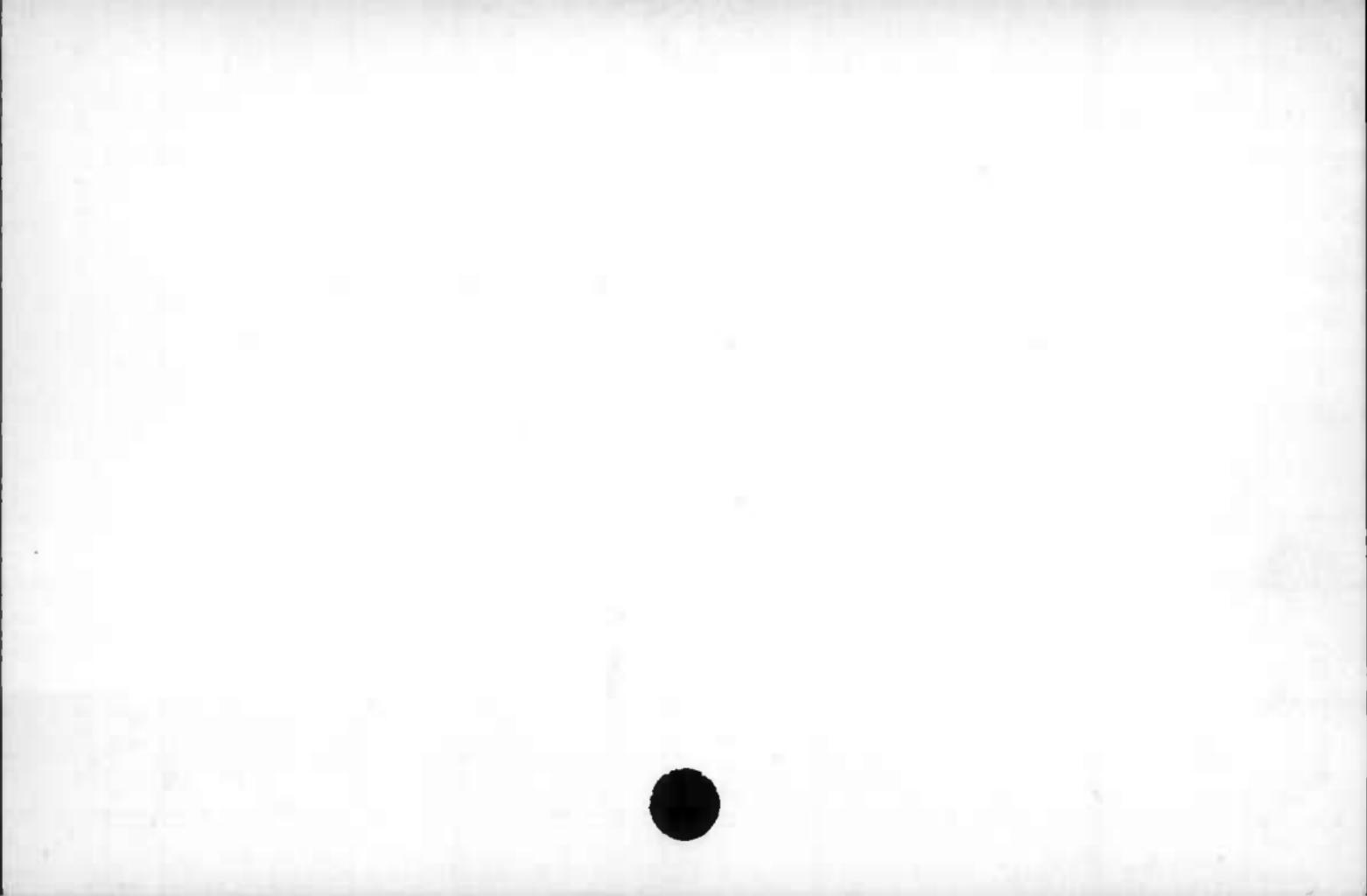
Signature of Physician

L.F. Gordon, M.D.
Frederick,
Md.

Address

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Noah. Baltzell.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 Dec 5 - 72 9 3

Male White Frederick Co.

Retired Farmer

Singl.

Asen Baltzell

Susan Penner

Addie Baltzell

Frederick Co.

" "

Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Progressive Paralysis

Uo
Uo

How long

one year

Immediate

Are the name, age, sex, color, date and place correctly given above?

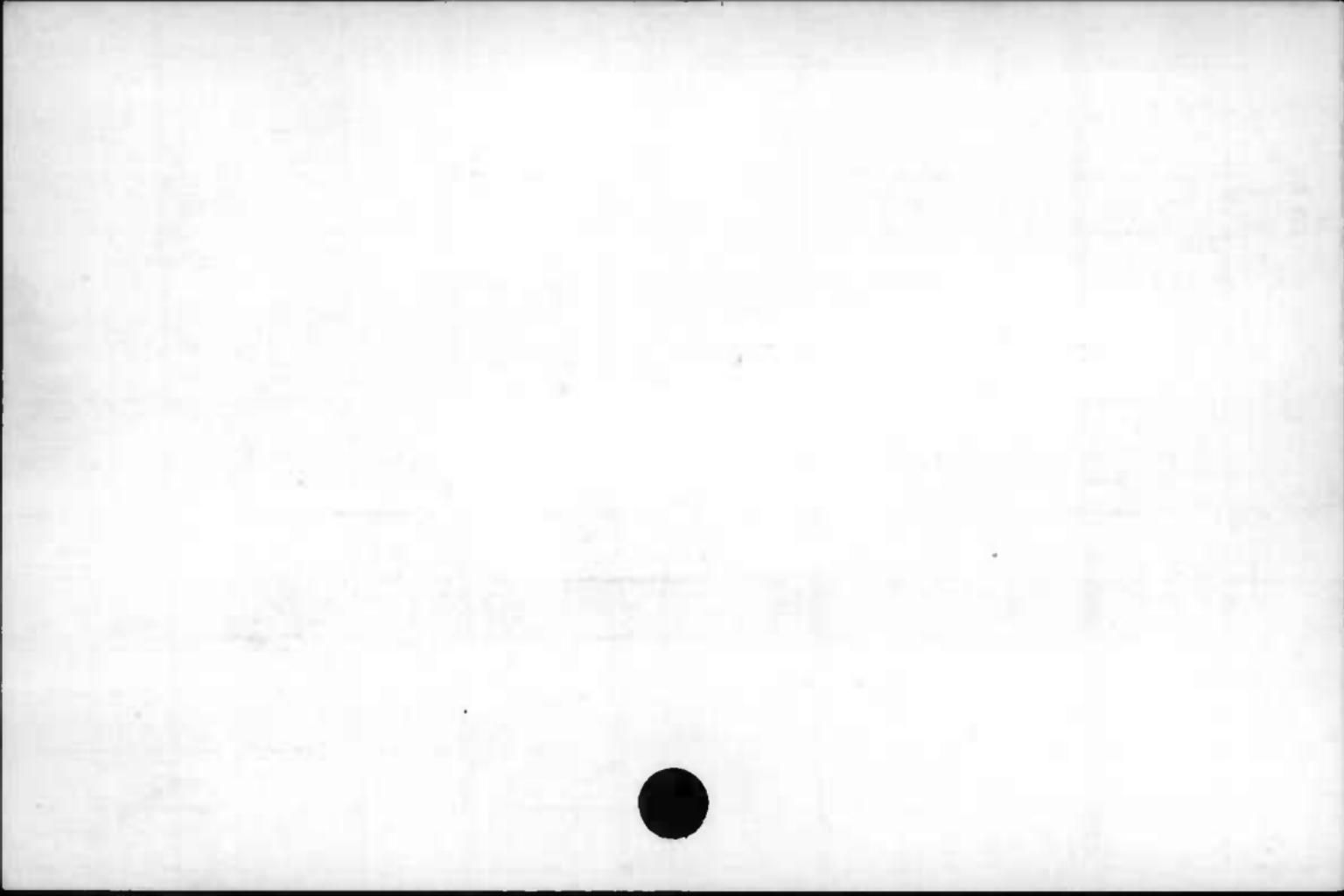
Yes

Signature of Physician

Address

Jas R. Watson M.D.
Thurmont - Md

Accident or Suicide?



Name
in
Full

Pendleton Barber

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Munths	Days	
1906	12	1	Age	2	9	
Sex	Boy	Color or Race	Black	Birth-place New Knoxville		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Barbour					
Mother's Maiden Name	Abbie - Drummer					
Name of person giving Information	William Barbour					
Father's Birthplace	Va.					
Mother's Birthplace	Va					
How related to deceased	Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

marasmus

How long

2 or more

(15)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

26 d 26 ways
Drummond Md

Accident or Suicide?



Name
in
Full

Marie Beecher -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

Rue's Mill Frederick 22 Dec 5th 1906 Female White Frederick Co.
House Keeper Mrs. Beecher -
Married Wm. S. Cresswell Frederick Co.
W. S. Cresswell -
Mary Stevens Frederick Co.
Mrs. W. S. Cresswell Mother

PHYSICIAN
OR CORONER

Primary

Puerperal Fever -

How long

3 weeks

Immediate

Peritonitis -

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. E. Whittington
20 Branda
Md.

Accident or Suicide?

M. Oliver
Schroeder

Name
in
Full

Edward M. Bell.

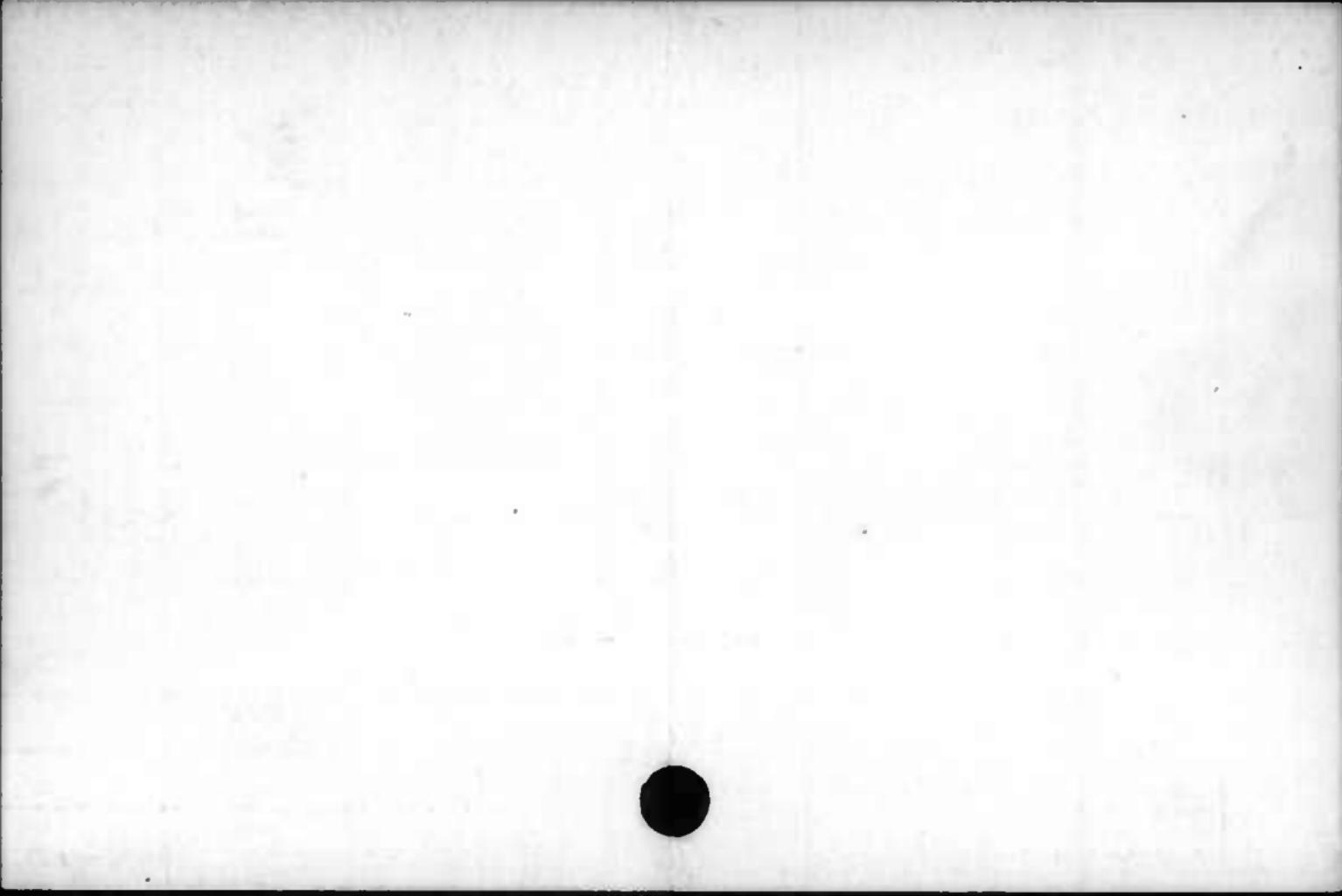
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tuna Cotta</u> <small>Town</small>		<u>D.C.</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>30</u>	Years <u>6</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>-</u>		Birthplace <u>D.C.</u>	
Occupation <u>-</u>					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Ed. M. Bell</u>			Father's Birthplace <u>-</u>		
Mother's Maiden Name <u>-</u>			Mother's Birthplace <u>-</u>		
Name of person giving information <u>Burial Permit</u>			How related to deceased <u>-</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Fracture of Skull</u>	How long <u>-</u>
	Immediate <u>-</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <u>T. Clyde Rountree Sub Rd Buckeytown Dist.</u>
Accident or Suicide? <u>Accident</u>		



Name
In
Full

Edward O. Beet

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Birthplace	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		
Burial Permit			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Crushed wounds of body	How long
Immediate	—	How long

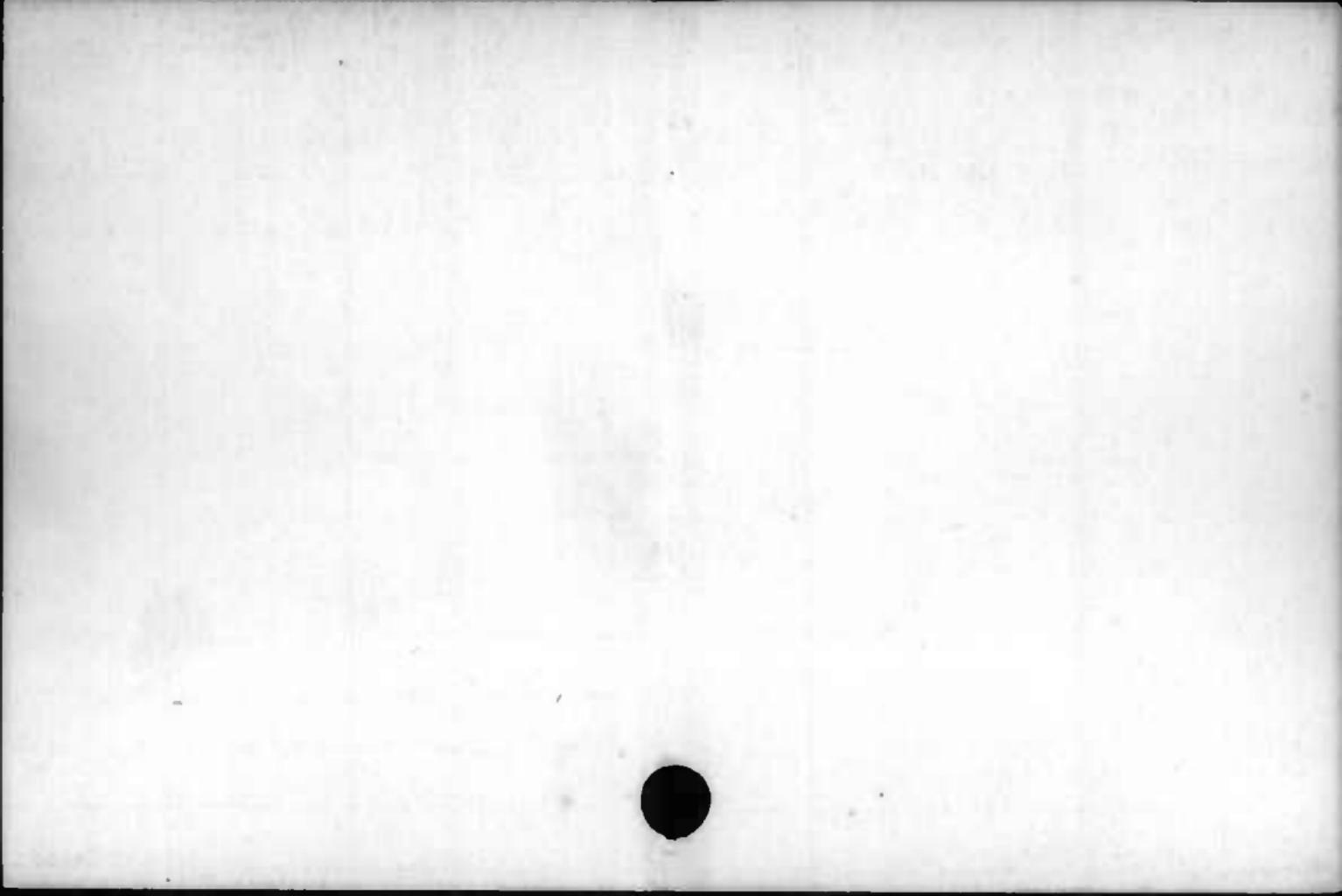
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T. Clyde Rostrom Sub P
Rockeytown Dist.

Accident or Suicide?



Name
in
Full

Smelvin Belt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Tuna Colba	Town	DC.	County	MARYLAND		
Date of death	1906	Month	Dec	Day	30	Years	5
Sex	Male	Color or Race	White	Birth-place	DC.	Months	Days
Occupation	—	Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband			—		
Father's Name	Ed O. Belt	Father's Birthplace			—		
Mother's Maiden Name	—	Mother's Birthplace			—		
Name of person giving information	Burial Permit	How related to deceased			—		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Crushed wound of body	How long	—
Immediate	—	How long	—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Clyde Routin Sub P.
Buckleytown Dist.

Address

Accident or Suicide?

Accident



Name
in
Full

Jennings Robert Bissett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	Virginia	
Mother's Maiden Name	Margaretha Lyons		Mother's Birthplace		Frederick	
Name of person giving information	Miss Jessie Bred		How related to deceased		Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

2 day

Immediate

Pneumonia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

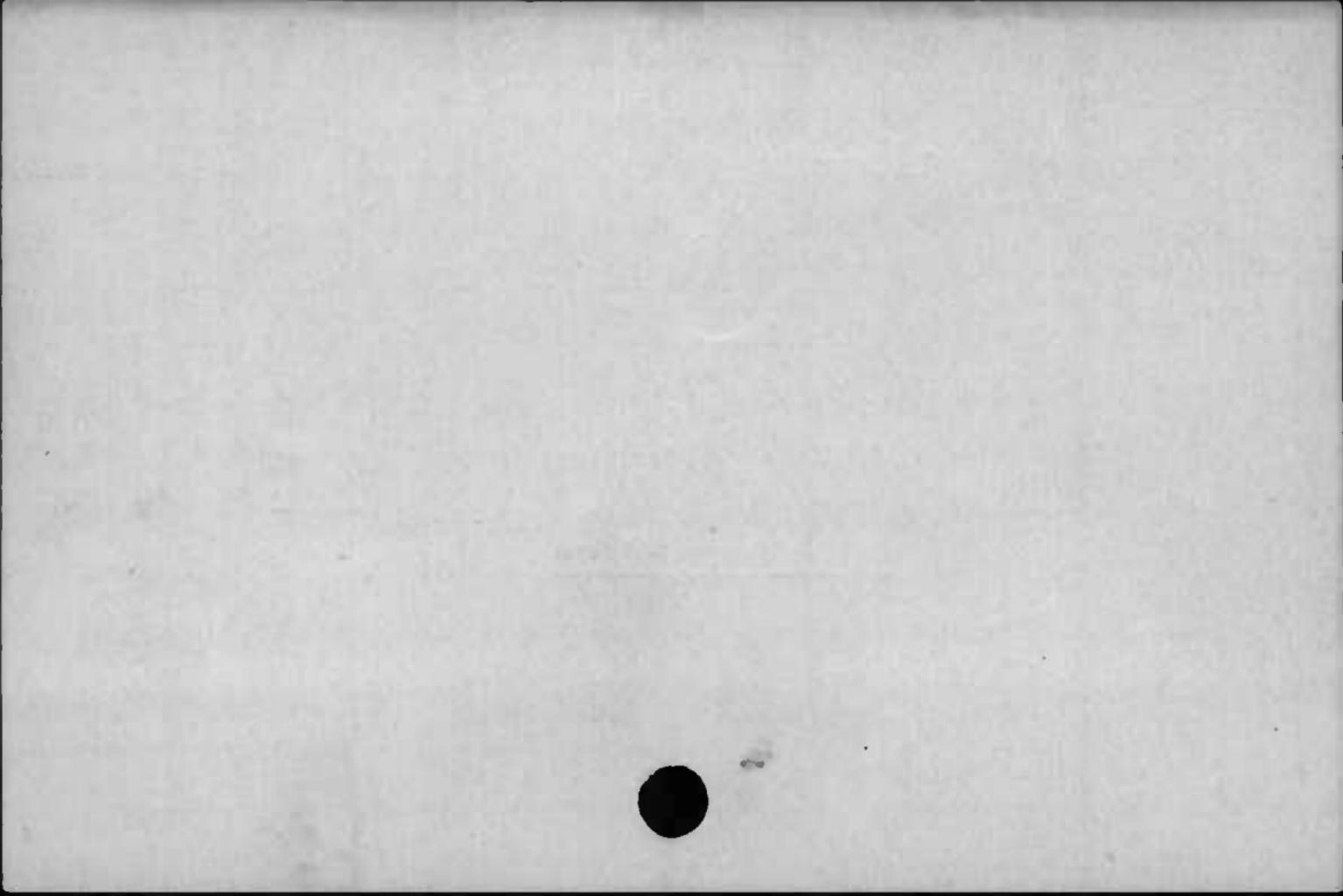
Signature of Physician

Address

N. B. Bredge

Baltimore

Accident or Suicide?



John D. Biddinger

No. 26

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

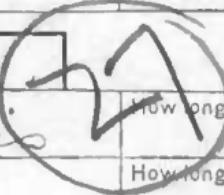
Died at	New London	Town	County	MARYLAND	
Date of death	1906	Month Dec	Day 8	Years 54	Months Days
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	married	Name of Wife or Husband	Lucinda C. Biddinger		
Father's Name	Ephraim Biddinger			Father's Birthplace	Maryland
Mother's Maiden Name	Sarah Ann Rippin			Mother's Birthplace	Maryland
Name of person giving Information	Lucinda Biddinger			How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis



How long

3 mos.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Hopkins M.D.

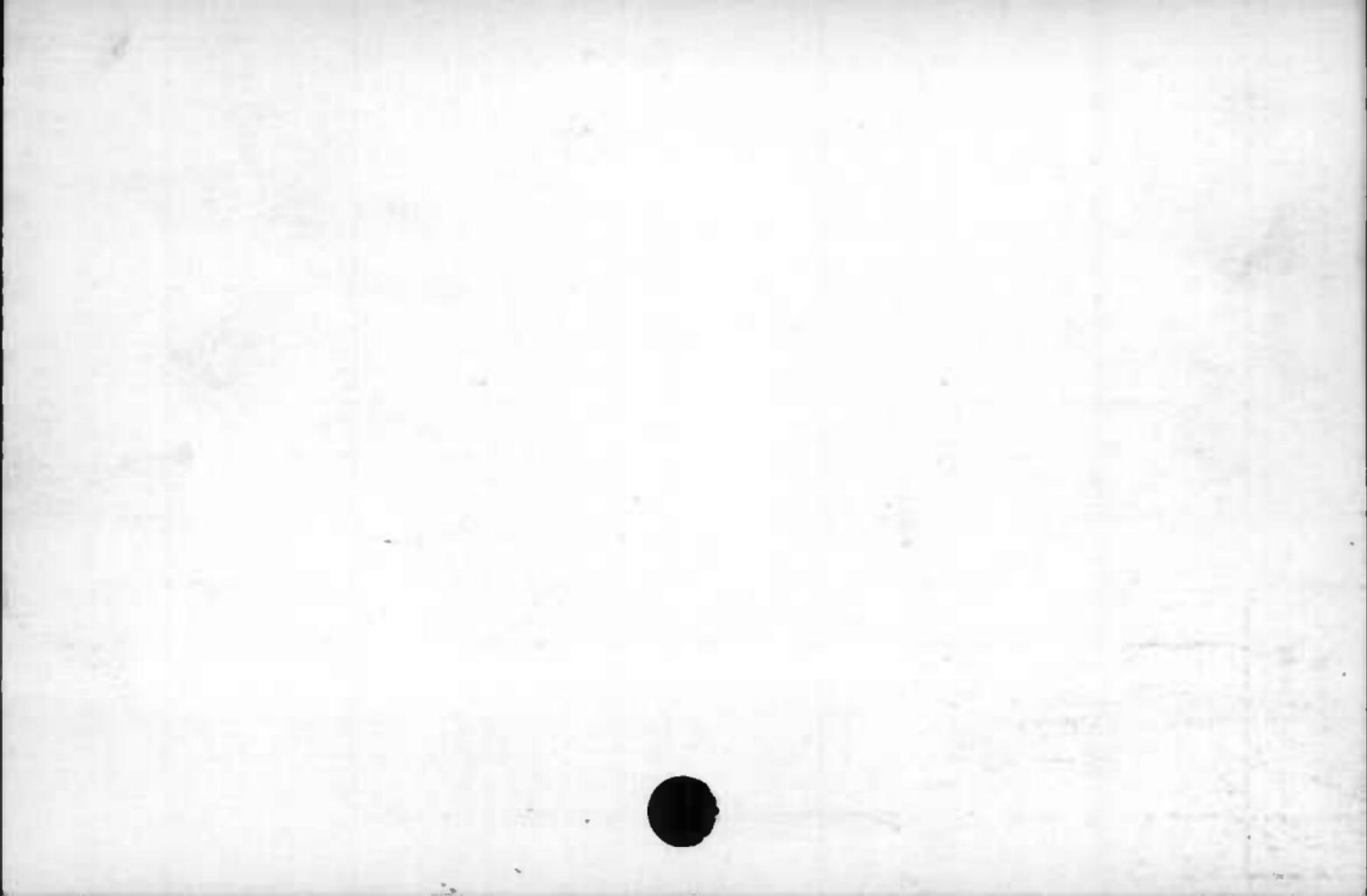
Address

New Market

Accident or Suicide?

no

Frederick Co., Md



Name
in
Full

Henry Samuel Slack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Dec	19	Age 43
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Farmer	Puckeyestown		
Married, Single or Widowed	Name of Wife or Husband	Laura C Putman (Maiden name)	
Father's Name	Adam Slack		
Mother's Maiden Name	Mary Leisbent		
Name of person giving information	Iola Early		
CAUSES OF DEATH			
Primary	Accident; struck by Rail Road Train		
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		Address	How long

PHYSICIAN
OR CORONER

Accident or Suicide?

Signature of
Physician

Address

John H. M. M. M. L.
Acting Coroner
Frederick, Md

Huntington

Name
in
Full

Margaret Blackston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oak Orchard	Frederick			
Date of death	Month	Day	Years	Months	Days
of death 1906	Decbr.	10	Age 85	7	-
Sex	Color or Race	Birth-place			
Female	White	Maryland			
Occupation	Where Residing if not at place of death				
Housewife	at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Widow	John Blackston				
Father's Name	Father's Birthplace				
William Wilson	Md.				
Mother's Maiden Name	Mother's Birthplace				
Unknown	Md.				
Name of person giving information	How related to deceased				
Jesse Nicoletus	Nephew				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infirmities of Age

(154) months

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

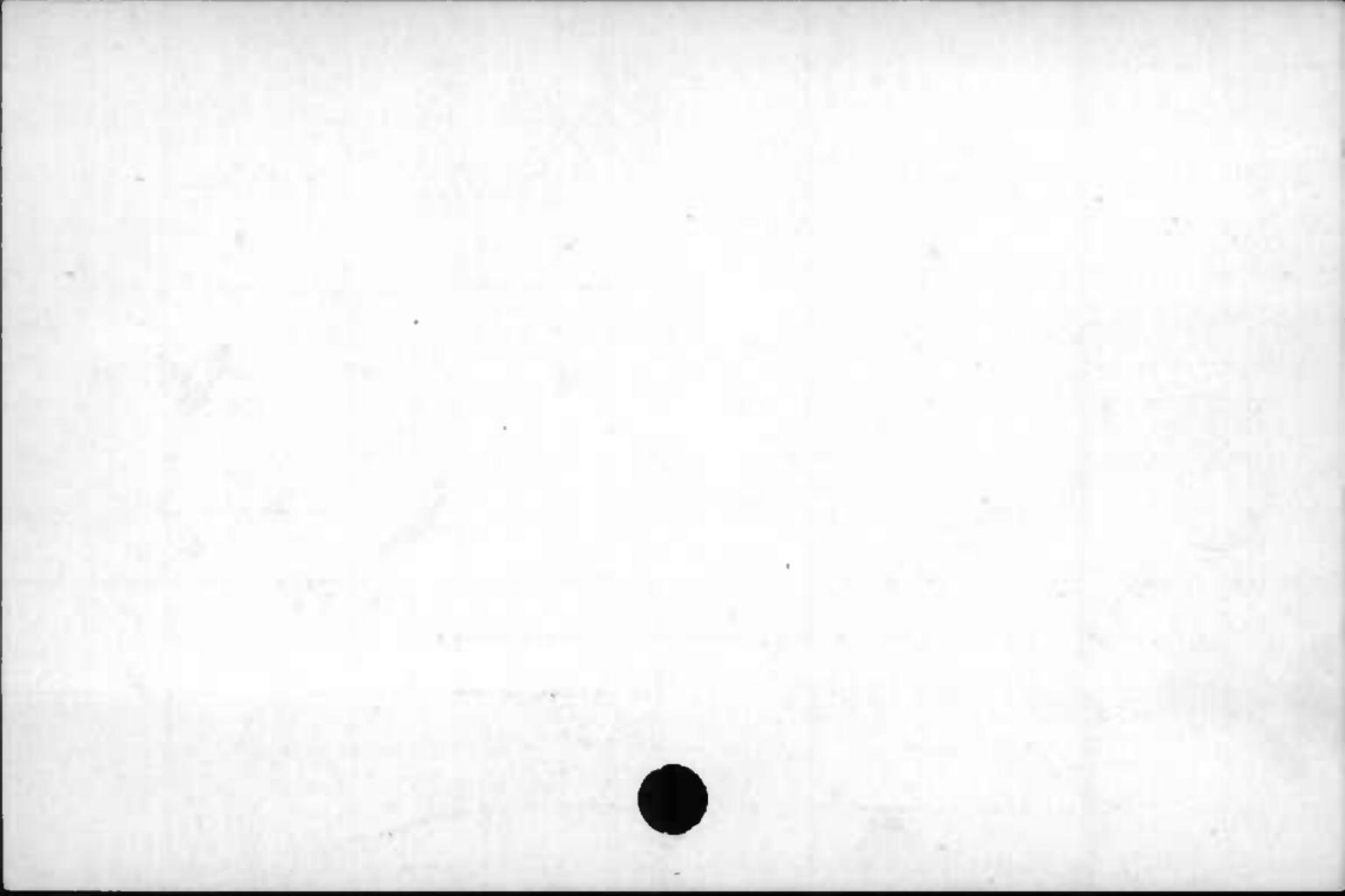
Yes

Signature of
Physician

Thomas P. Sappington,
Unionville,
Maryland.

Addressee

Accident or Suicide?



Name
in
Full

John C. Boyer.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
1906	12	2	13
Sex	male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Susan G. Boyer.	
Father's Name	Michael Boyer		
Mother's Maiden Name	Eldridge Boyer		
Name of person giving information	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypostolic Pneumonia

94

How long
9 days

Immediate

Heart Failure

How long
24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

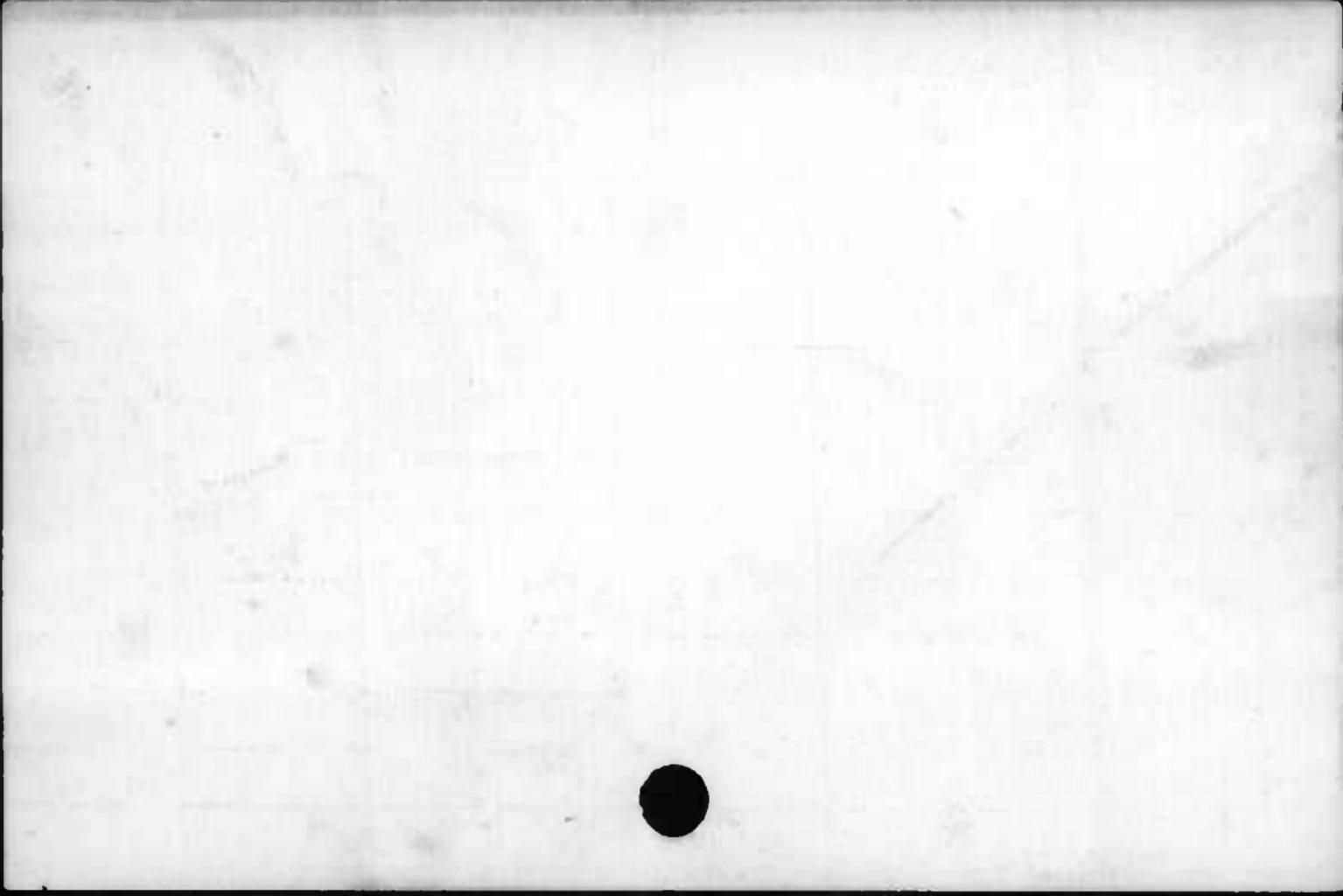
Signature of Physician

Address

Groster

Burkittsville

Accident or Suicide?



Name
in
Full

William Bratton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

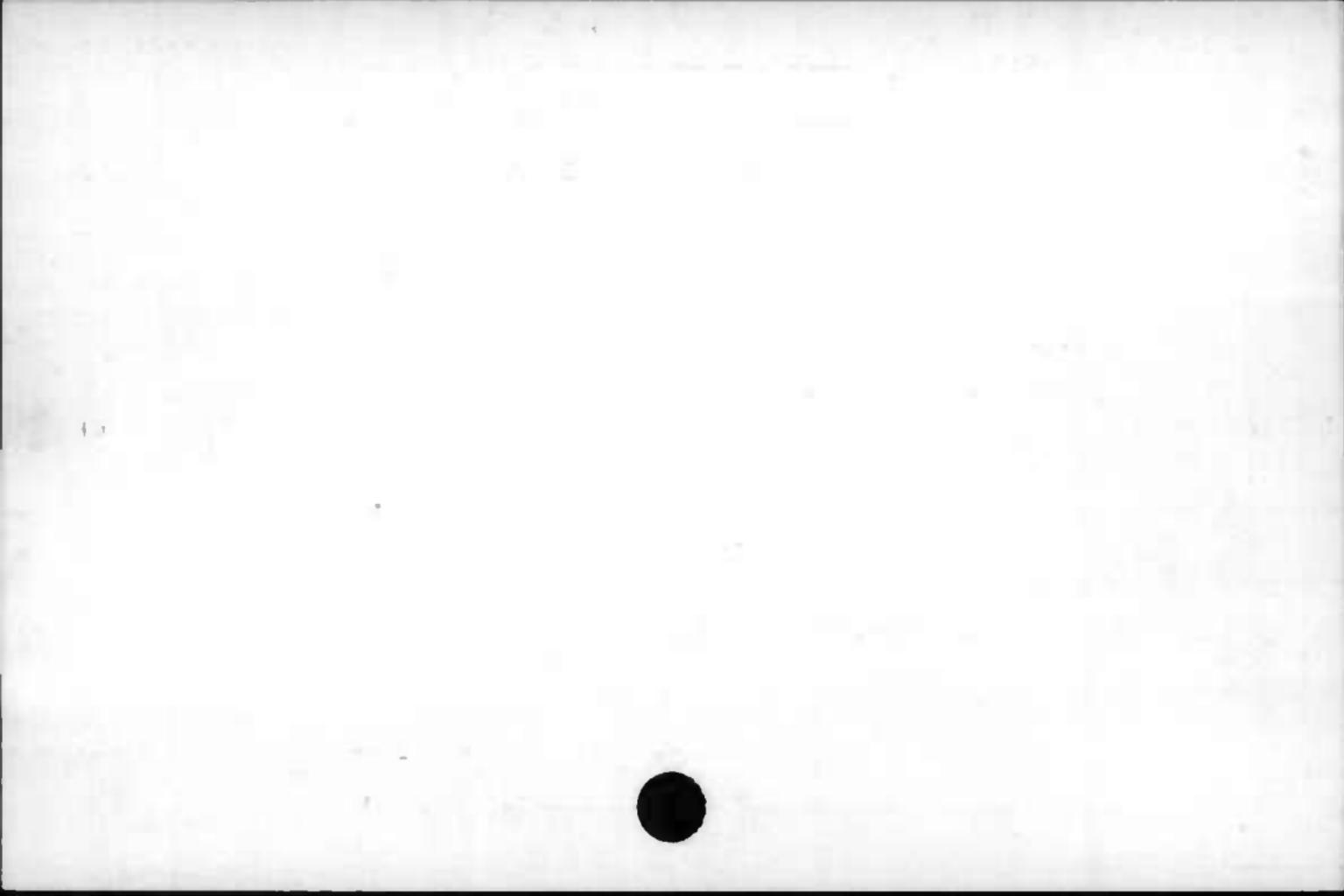
Died at	Town	Frederick	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color		Age	22	
Occupation	Where Residing if not at place of death				
Married, Single Maiden Name	Name of Wife or Husband				
Father's Name	Thomas Bratton				
Mother's Maiden Name					
Name of person giving information	Thomas Bratton				
	X				
	X				
	X				
	X				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	6 months
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H.A. Long
		Address	35 E. Palmetto St.

Accident or Suicide?



Name
in
Full

Virginia L. Brightwell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

County Frederick

MARYLAND

Date of death 1906 Month 12 Day 30 Years — Months 1 Days 4

Sex Female

Color or Race

White

Birth-place

City

Occupation

Where Residing If not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Zeno Brightwell

Father's Birthplace

Frederick Md

Mother's Maiden Name

Mary E. Hargett.

Mother's Birthplace

F. Co. Md

Name of person giving
Information

Zeno Brightwell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Varac muz

How long

30 days

Immediate

Cardio Paroxysm

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Frank Hedges
Frederick

PHYSICIAN
OR CORONER

Accident or Suicide?

Dr. Hedges
Met. Olivet Cemetery.

Name
in
Full

Sallie M Butts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died on <u>Metropolitan R.R.</u>		Town		County	
Date of death	1906 Dec	Month	Day	Years	Months
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	
Occupation	<u>House wife</u>	Where Residing if not at place of death		<u>Temporarily in DC</u>	
Married, Single or Widowed	<u>Married</u>	Name of Husband	<u>J. Frank Butts</u>		
Father's Name	<u>Daniel Kepler</u>		Father's Birthplace	<u>Middletown MD</u>	
Mother's Maiden Name			Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>J. Marshall Teetle</u>		How related to deceased	<u>son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Killed in R. R. Collision

How long

Are the name, age, sex, color, date and place correctly given above?

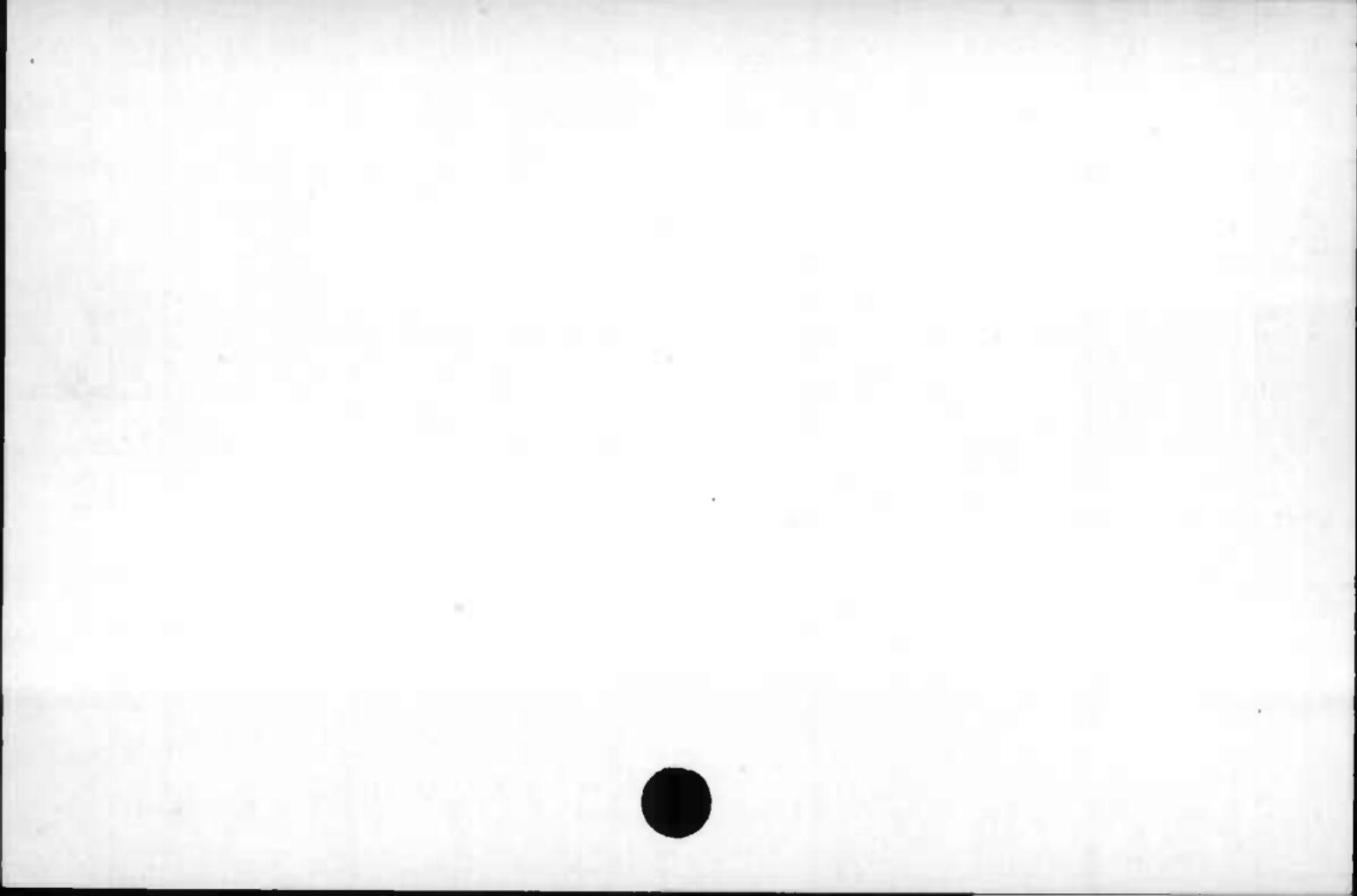
Signature of Physician

Insane

Address

O. A. Miller

Accident or Suicide?



Name
in
Full

Rev. Thos. M. Cane.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Induens</u>		Town	County <u>Induens</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>27</u>	Age <u>87</u>	Years	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Glasgow Del.</u>			
Occupation <u>Pound Master</u>	Where Residing If not at place of death <u>Sarah Goadlow</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u></u>		Father's Birthplace <u>Glasgow Del</u>			
Father's Name <u>Wm Cane</u>	Mother's Birthplace <u>Philadelphia Pa.</u>					
Mother's Maiden Name <u>Mary M McGuire</u>	How related to deceased <u>Daughter</u>					
Name of person giving information <u>Ms Ed. M. Henry</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fracture of skull from age 7

How long gradual

Immediate

Anæmia - Induced

How long six days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes.

J. B. Johnson

Address

Induens Md.

Accident or Suicide?



Name
In
Full

Gummelt, Millard

Millard L. Gummelt
County
Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	Age	Birth-Place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

Frederick 1906 12 5 10 10 00
Male Caucasian Frederick Md
Occupation
Where Residing if not at place of death
Married, Single or Widowed
Name of Wife or Husband
Albert Gummelt
Father's Name
Frederick Co Md
Mother's Maiden Name
" " " "
Name of person giving Information
Albert Gummelt
How related to deceased
Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Injury to Hand

12

How long

9 days

Immediate

Tetanus.

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

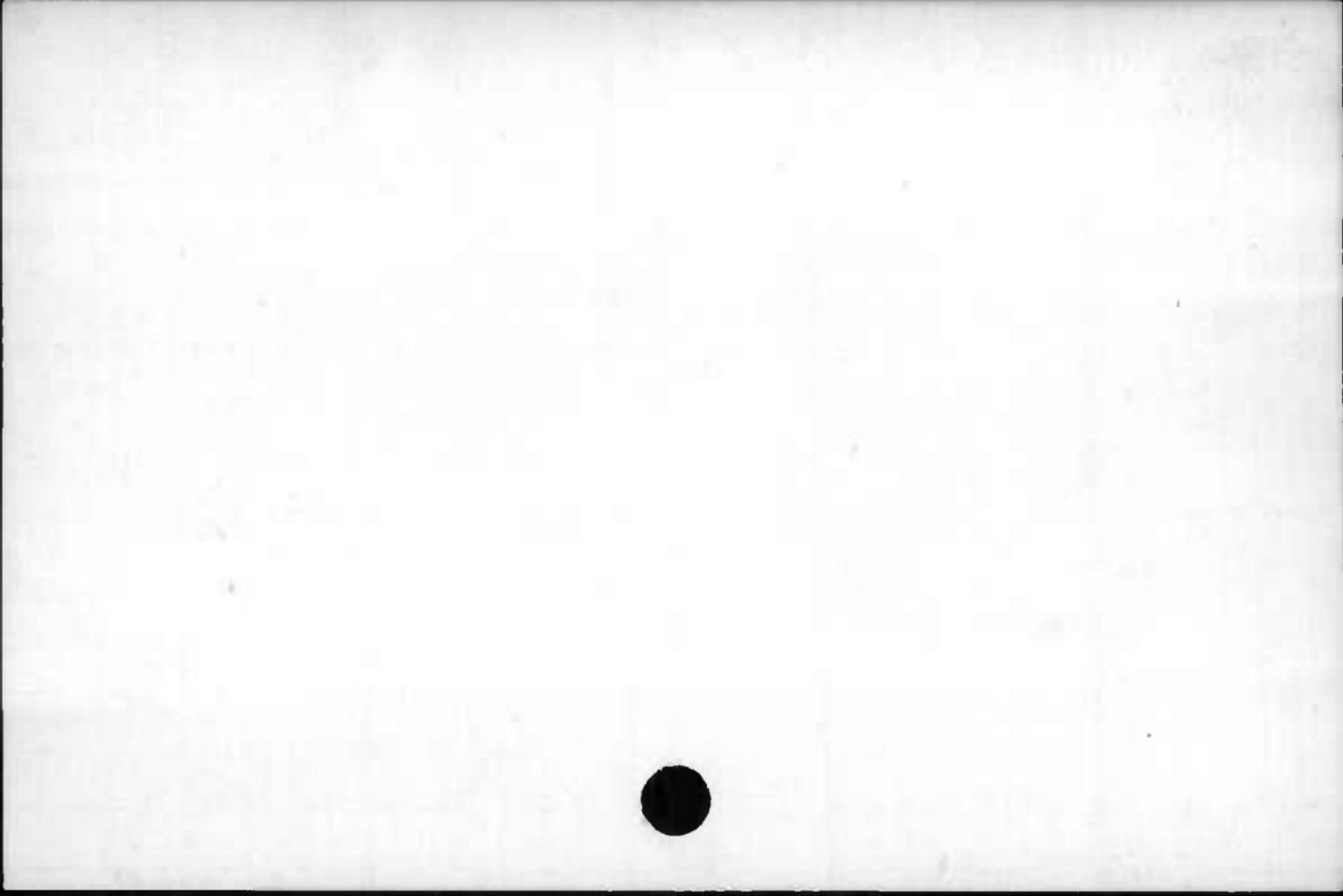
Signature of Physician

Address

H.P. Takorney Md
Frederick Md.

Accident or Suicide?

Accident



Name
in
Full

Pauline Damer

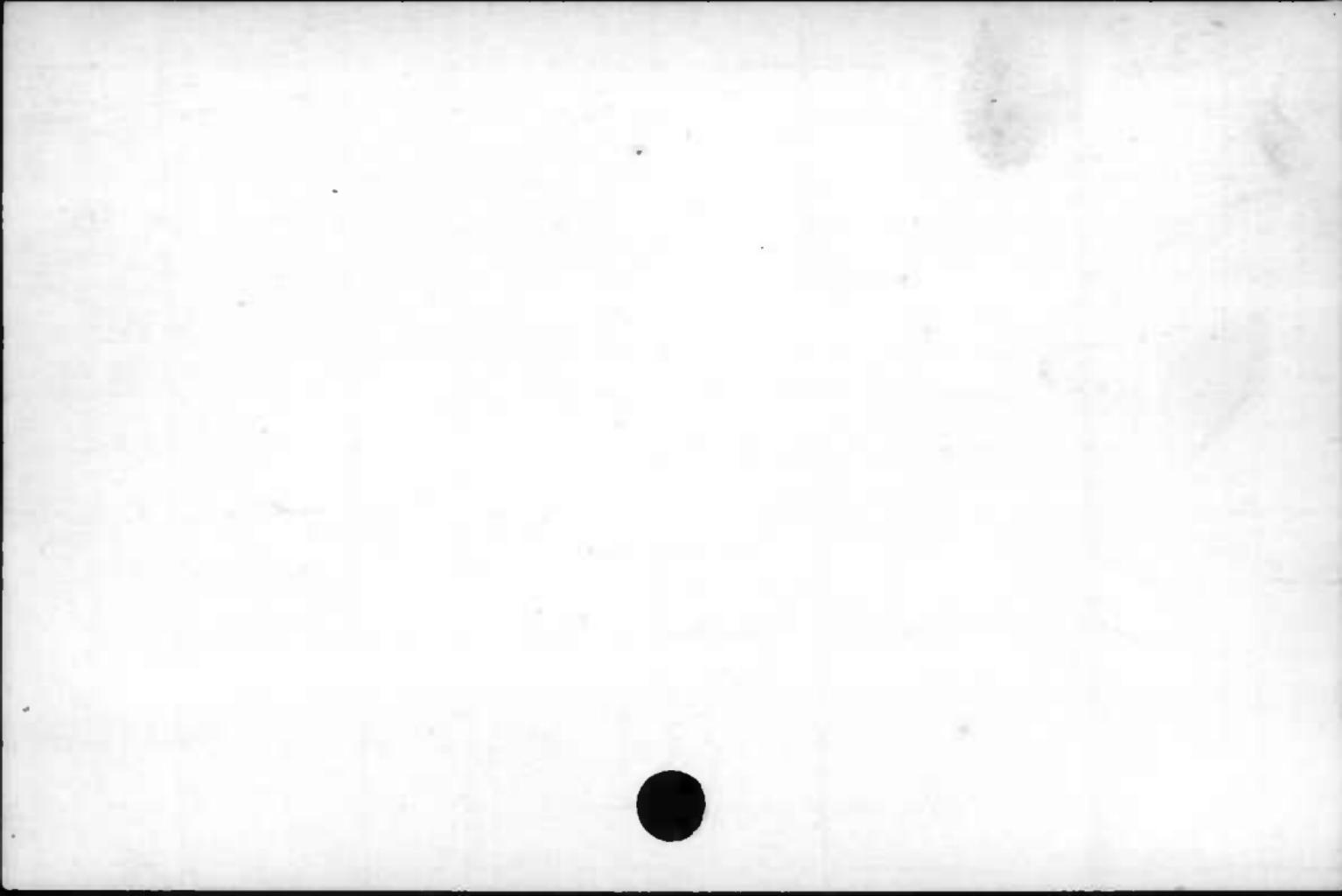
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Dec	22	-
Sex	Color or Race	Birth-place	
Female	White	Baltimore C.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Joseph W. Damer		
Mother's Maiden Name	Alice E. Hines		
Name of person giving information	How related to deceased		
g.w.damer			
CAUSES OF DEATH			
Primary	Asphyxia heart failure.		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Thomas S. Doves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

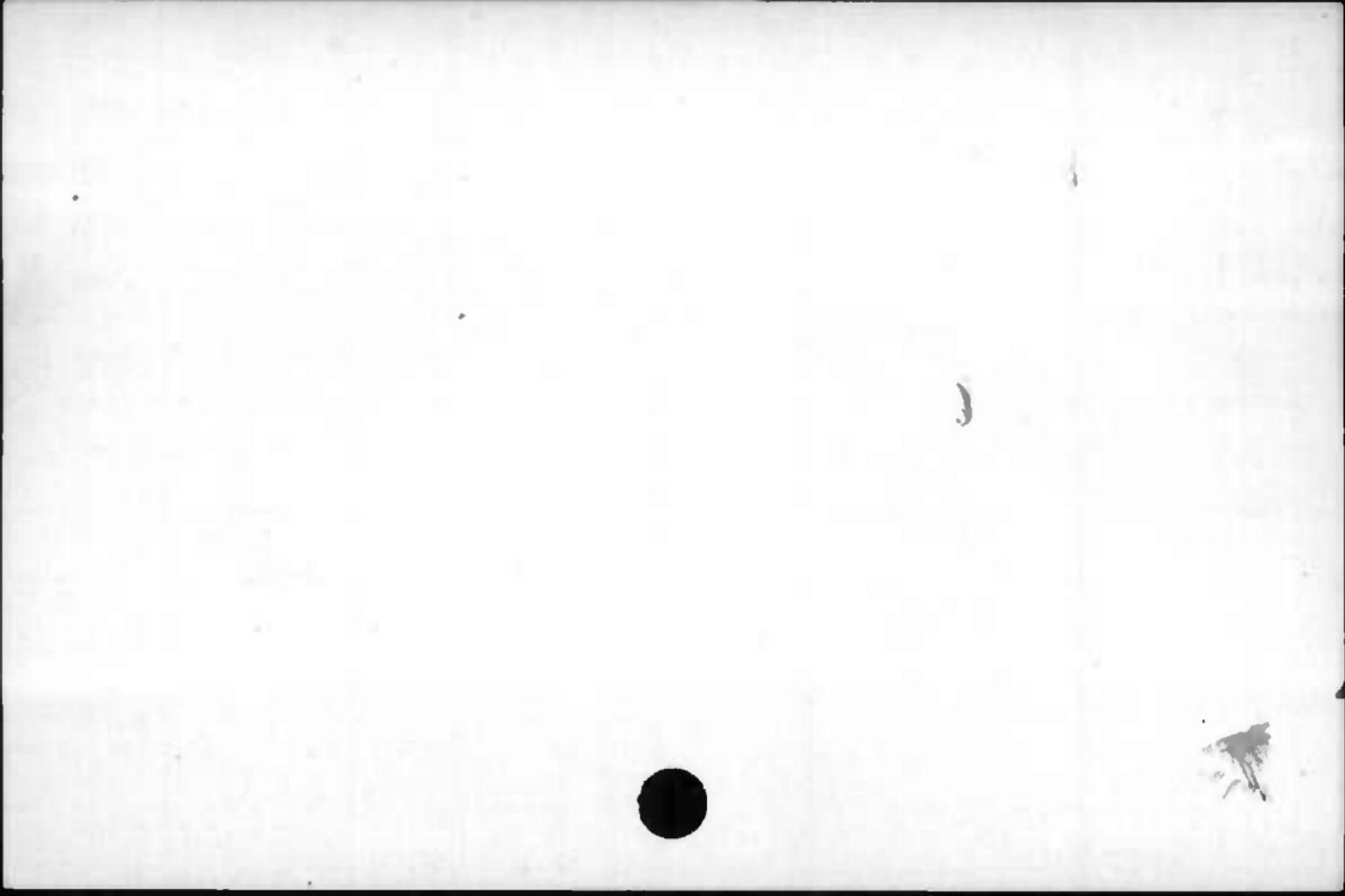
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Dec	21	75	3	27
Sex	Male	Color or Race	White	Birth-place	Pennsylvania
Occupation	Tinsmith		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	John Doves		Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Mary Gondius		Mother's Birthplace	England	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary Sclerosis of Anterior Rami 19 How long unknown
Immediate Rupture of coronary artery How long
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E L Beckley
Address Middletown

Accident or Suicide?



Name
in
Full

Joseph Donner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Dec	31	—	—	9	
Sex	male	Color or Race	white	Birth-place	Fairfield, Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph W. Donner					
Mother's Maiden Name	Alice E. Hines					
Name of person giving information	J.W. Donner					

CAUSES OF DEATH

Primary *Prominent Birth*

How long *15 days*

Immediate *Aphyxia*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

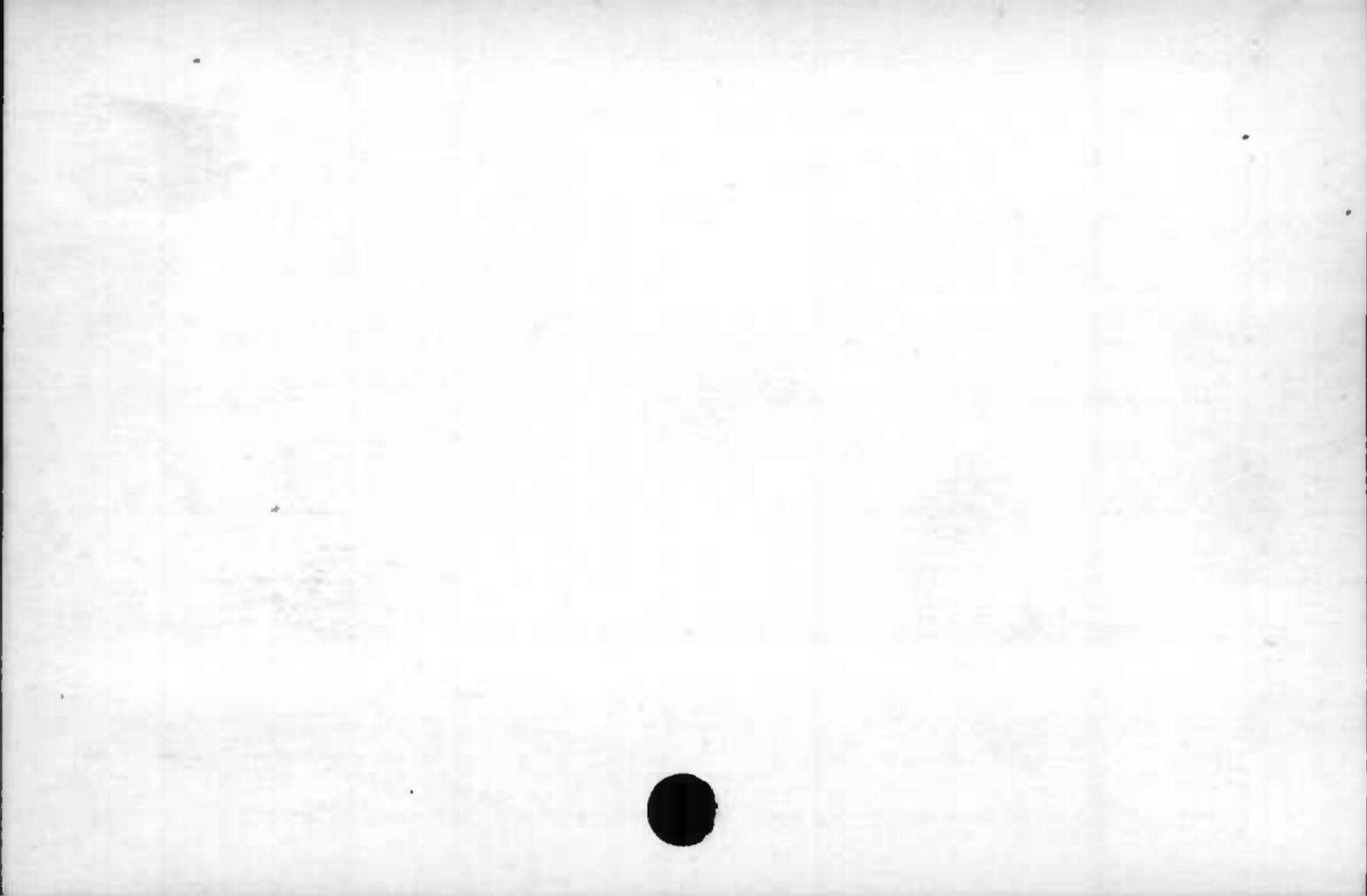
Signature of Physician

Address

L.W. Donner
Jefferson, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Emma Jane Butterer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mar Thurnout</u>		County <u>Frederick</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>12</u>	Day <u>22</u>	Age <u>56</u>	Years	Months <u>6</u> Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Husband <u>James W. Butterer</u>				
Father's Name <u>Jacob Brish</u>	Father's Birthplace _____				
Mother's Maiden Name <u>Elizabeth Maldon</u>	Mother's Birthplace _____				
Name of person giving information <u>Jeremiah Butterer</u>	How related to deceased <u>Husband</u>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Typhoid Fever (1) How long 4 weeks

Immediate

How long

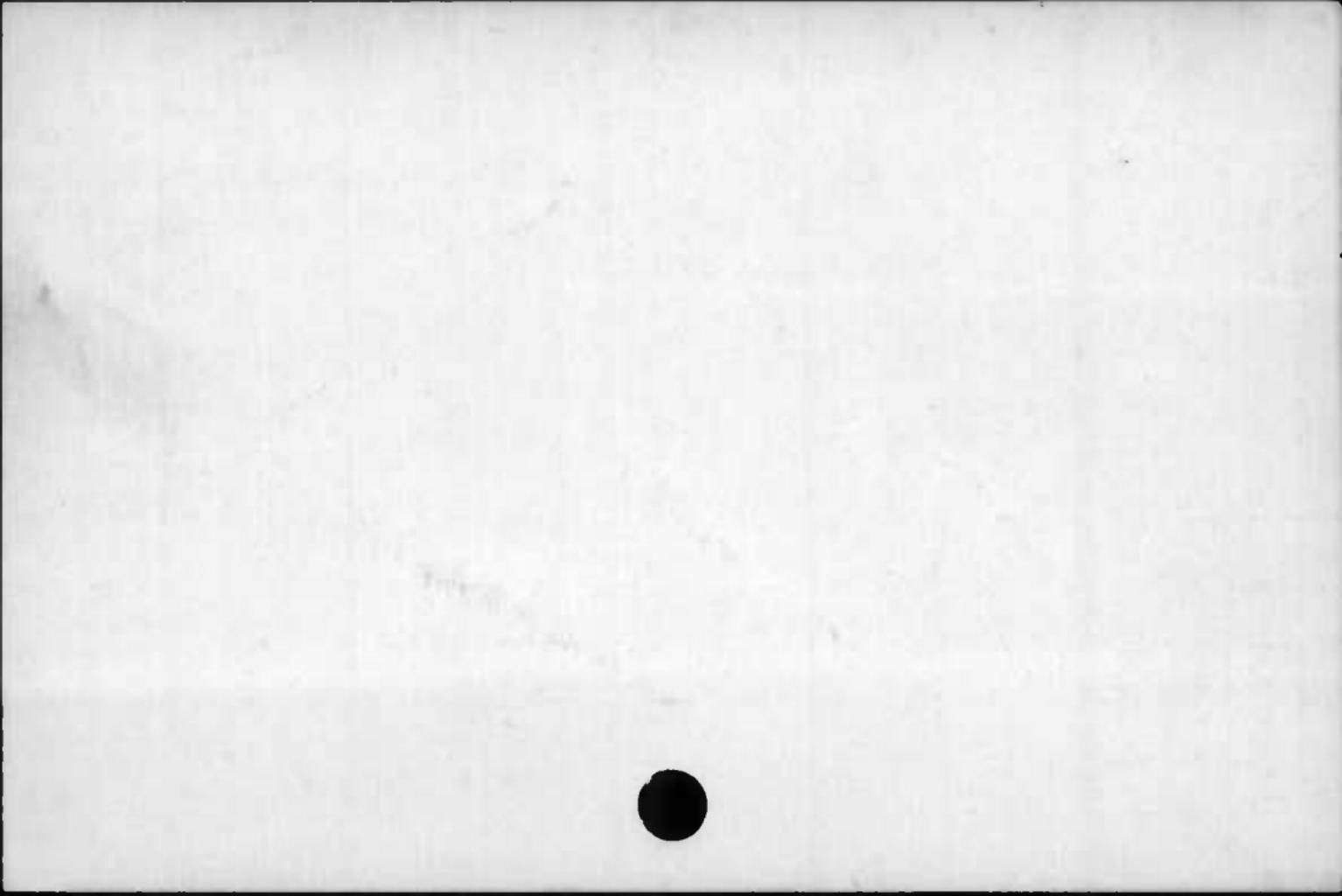
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James R. Watson M.D.
Thurmont
Md

Accident or Suicide?



Name
in
Full

Wilbur Henry Duvall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Dec	Day 24	Age 54	Years 3	Days 26
Sex Male	Color or Race White	Birth place Fred. Co., Md.			
Occupation Bank Cashier	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Lola Duvall	Father's Name Benj. W. Duvall	Md.		
Mother's Maiden Name Annie Eichelberger	Mother's Birthplace		Md.		
Name of person giving information Lola Duvall	How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio Scleriosis - Angina Pectoris

How long

Some years

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

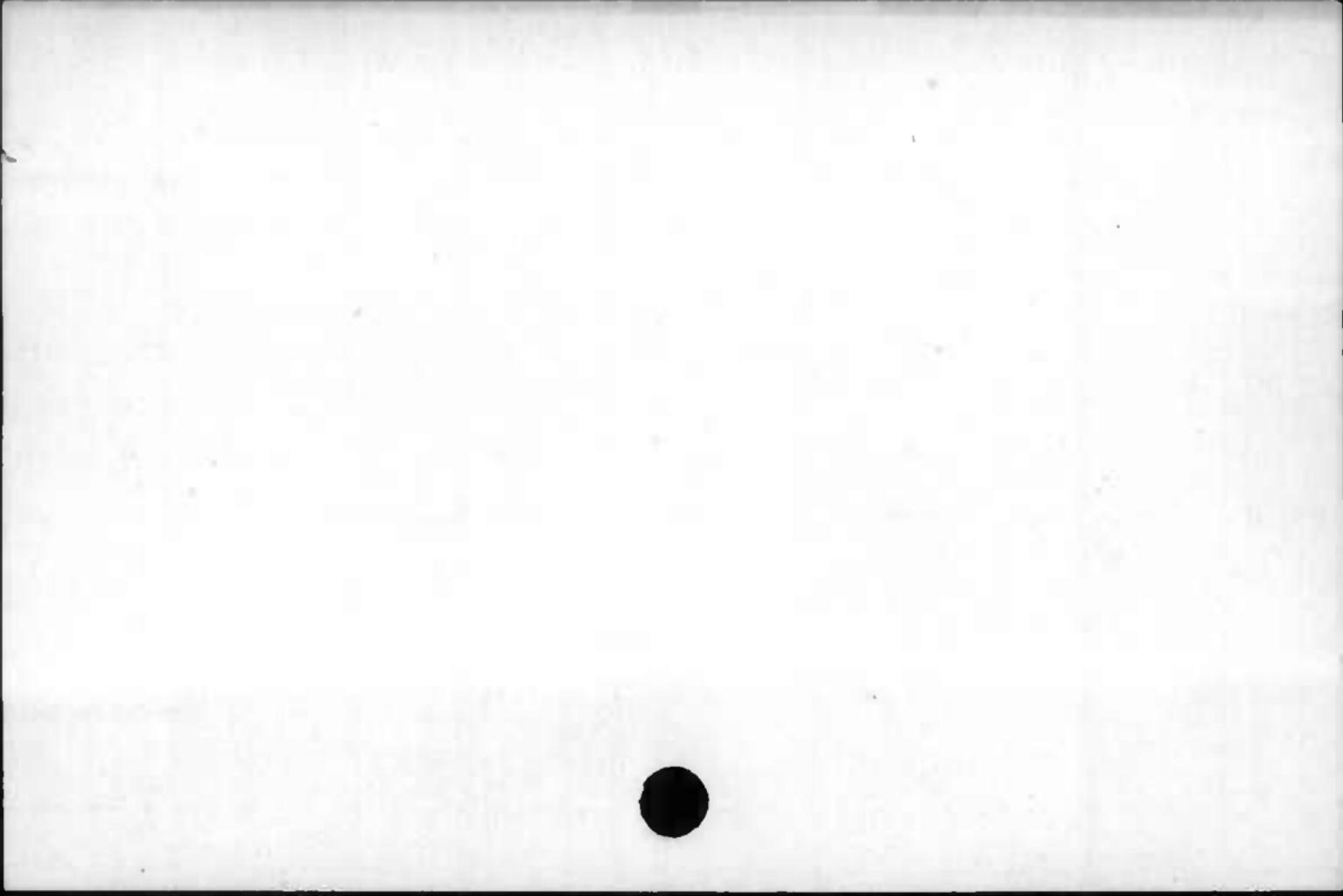
Yes

Signature of Physician

Address

J. O. Headix, M.D.
Frederick, Md.

Accident or Suicide?



Name
in
Full

Infant, (Egle)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Four Points		Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days	
Sex	Female		Color or Race	white	Birth-place	Four Points	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Elmon Benj Egle		Father's Birthplace				
Mother's Maiden Name	Loa Myrtle Mort		Mother's Birthplace				
Name of person giving information	J.W. Cluts -		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile unknown

(79) How long

12 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

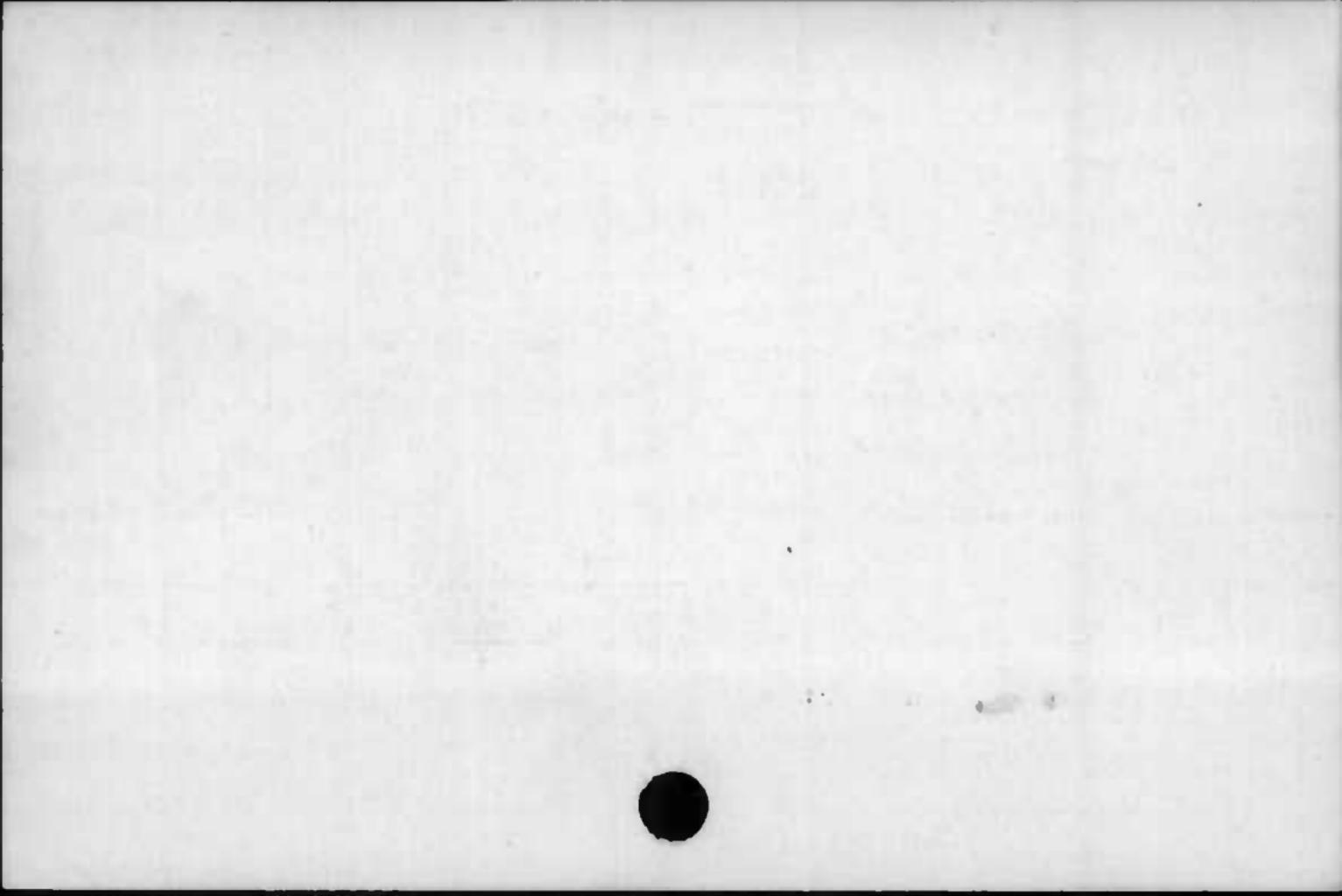
Yes.

Signature of Physician

Address

O.V. Diller
Detour.
Maryland -

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John A. Fleming

Town
Died at Frederick

County
Frederick

MARYLAND

Date Month Day Years Months Days
of death 1906 12 6 30 2 6

Sex Male Color or Race White Birthplace St. Leo. Md.

Occupation Tailor Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Nellie Esterly

Father's Name Charles F. Fleming

Father's Birthplace City

Mother's Maiden Name Susan Ellis

Mother's Birthplace "

Name of person giving Information Moos Fleming How related to deceased Mother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long Two years

Immediate General Asthenia How long

Are the name, age, sex, color, date and place correctly given above?

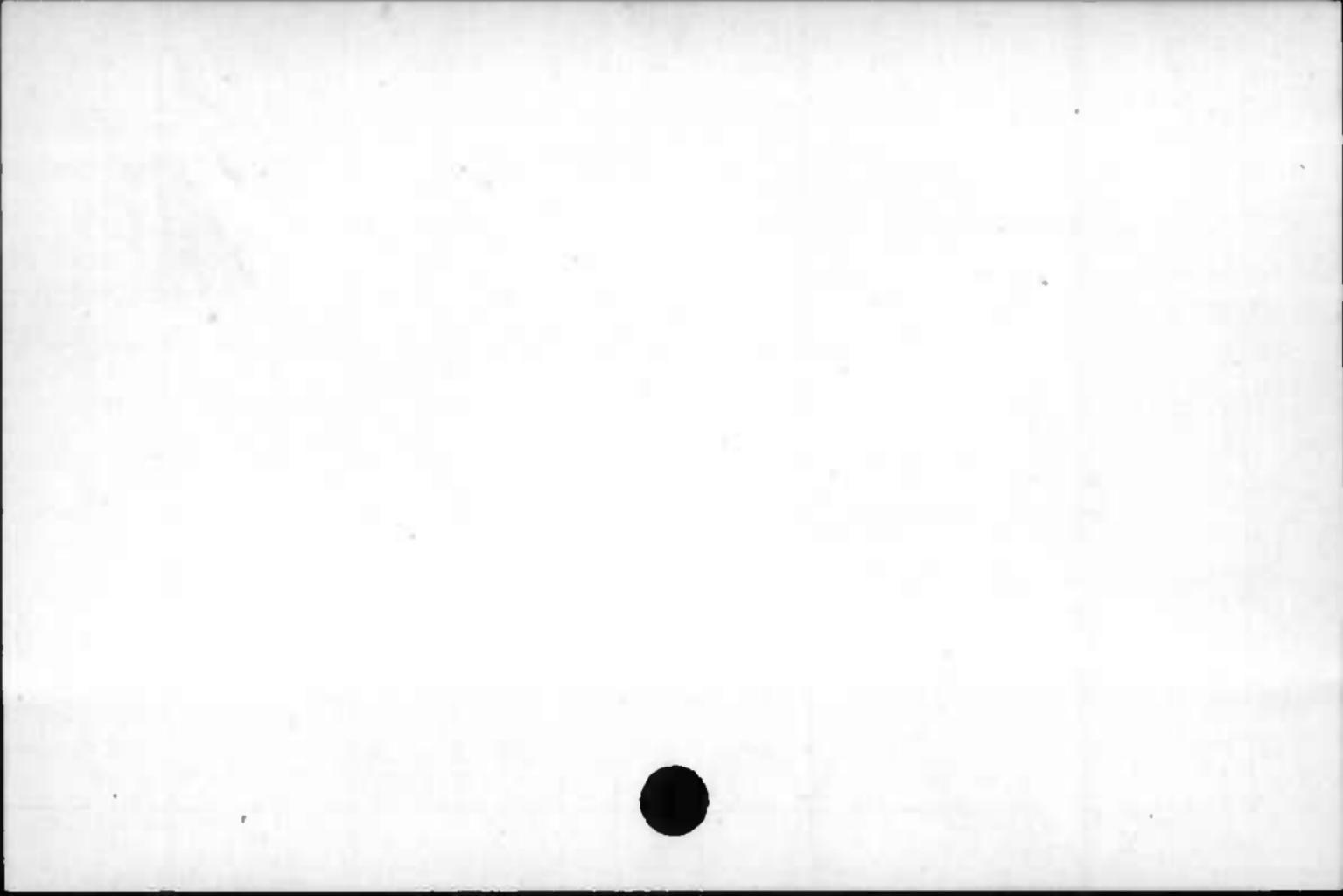
yes

Signature of Physician

Address

J. S. Needcox, M.D.
Frederick, Md.

Accident or Suicide? —



Name
in
Full

Lassutto C. Link

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Frederick		Town	Frederick		County	MARYLAND	
Date of death	1906	Month	12	Day	10	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Middleton Md.	
Occupation	A.W.R.					Where Residing if not at place of death	301 S Market St.	
Married Single or Widowed			Name of Wife or Husband	Grafton Fort.				
Father's Name	Jacob Link					Father's Birthplace	Middleton	
Mother's Maiden Name	Elisia Michael					Mother's Birthplace	Bunkettsville	
Name of person giving Information	H.F. Leidenauer					How related to deceased	Grandson	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

5 years.

Immediate

Exhaustion

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

H.F. Leidenauer

Address

301 S Market St.

Accident or Suicide?

Out colors

12-12-56

Name
In
Full

Illegitimate infant Hall.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Amesbury Town

County

MARYLAND

Date of death 1906 Month 12

Day

24

Years

Age

Months

Days

Sex Female

Color or Race

Colored

Birth-place

End

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Illegitimate

Father's Birthplace

Mother's Maiden Name

Carrie Hall

Mother's Birthplace

Name of person giving
Information

Mr. Hall

How related
to deceased

CAUSES OF DEATH

Primary

Promature birth

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

D. E. Miller

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Anna Savilla Haishman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at	Harmony		Frederick	
Date of death 1906	Month 12 th.	Day 15 th	Years 71	Months 6 — Days 23
Sex Female	Color or Race White	Birth-place Maryland		
Married, Single or Widowed Widowed	Occupation Housewife			
Name of Husband George C. Haishman	Father's Name Frederick Bises	Father's Birthplace Maryland		
Mother's Maiden Name Hepsey S. Bises	Mother's Birthplace Maryland			
Name of person giving information Mary E. Summers	How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hepsey

How long

6 days

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

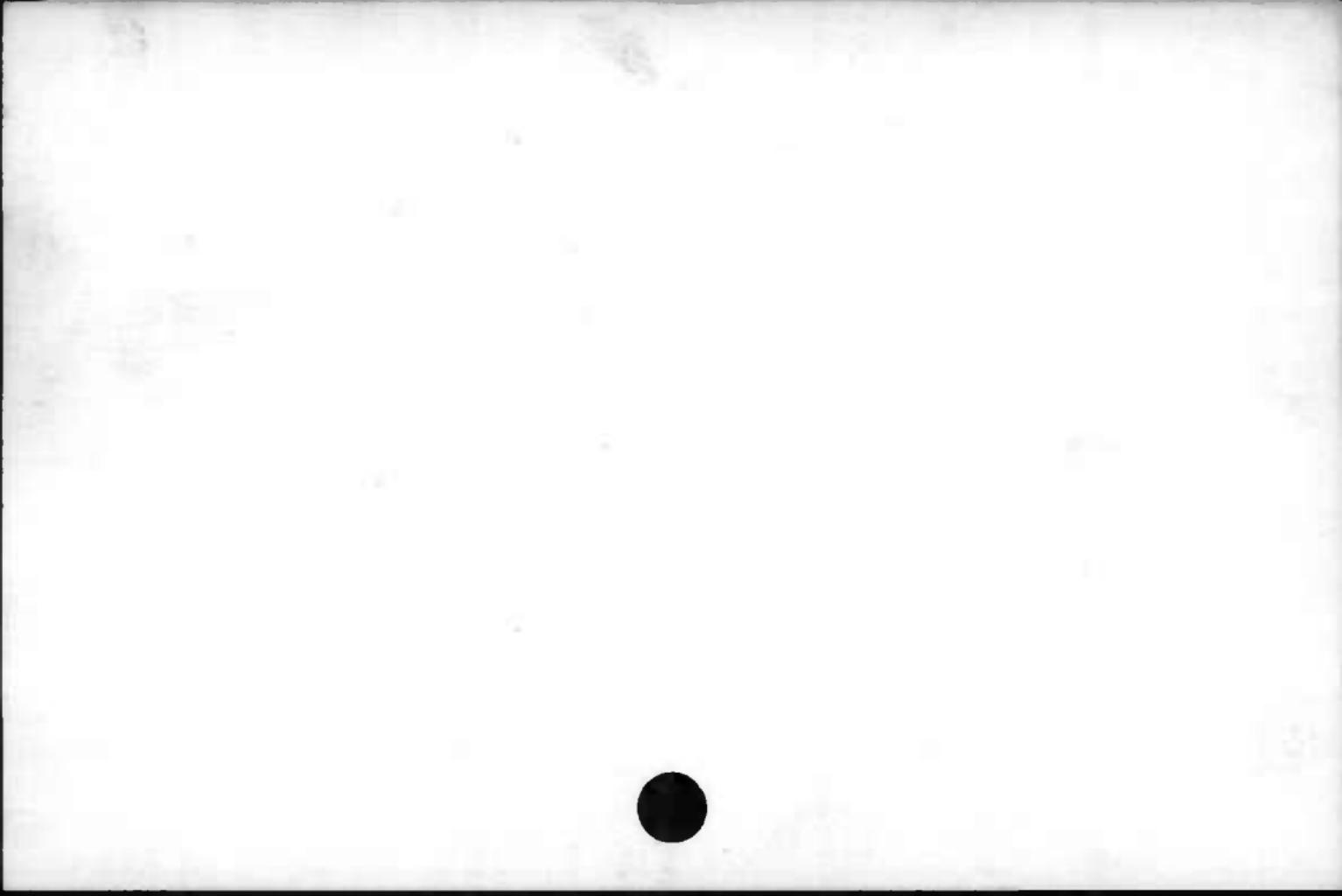
Yes

Signature of Physician

Address

Ralph Bradbury
Myersville, Md.

Accident or Suicide?



Name
in
Full

Helen L. Hedges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days
1906	Dec	2	7	11	11	23
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Student	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Leslie M. Hedges			Father's Birthplace	Md	
Mother's Maiden Name	Kattie Gruendamer			Mother's Birthplace	Md	
Name of person giving information	Marshal State			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (93)		How long	10 days
Immediate	Heart Failure		How long	days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	P. C. Lauer Middletown Md
Accident or Suicide?	77			



Name
in
Full

Mary E. Hood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick County	MARYLAND
Date of death	Month	Day	Years
Sex	White	Female	Age
Occupation	Color or Race	Where Residing if not at place of death	Birth-place
Married, Single or Widowed	Name of Wife or Husband	Widow of Gasaway Hood	Woodville
Father's Name	Owen Brown	Father's Birthplace	unknown
Mother's Maiden Name	McGraw	Mother's Birthplace	"
Name of person giving information	L. T. Lewis	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(99)

How long

Immediate

Abscess of the Lung

How long

Are the name, age, sex, color, date and place correctly given above?

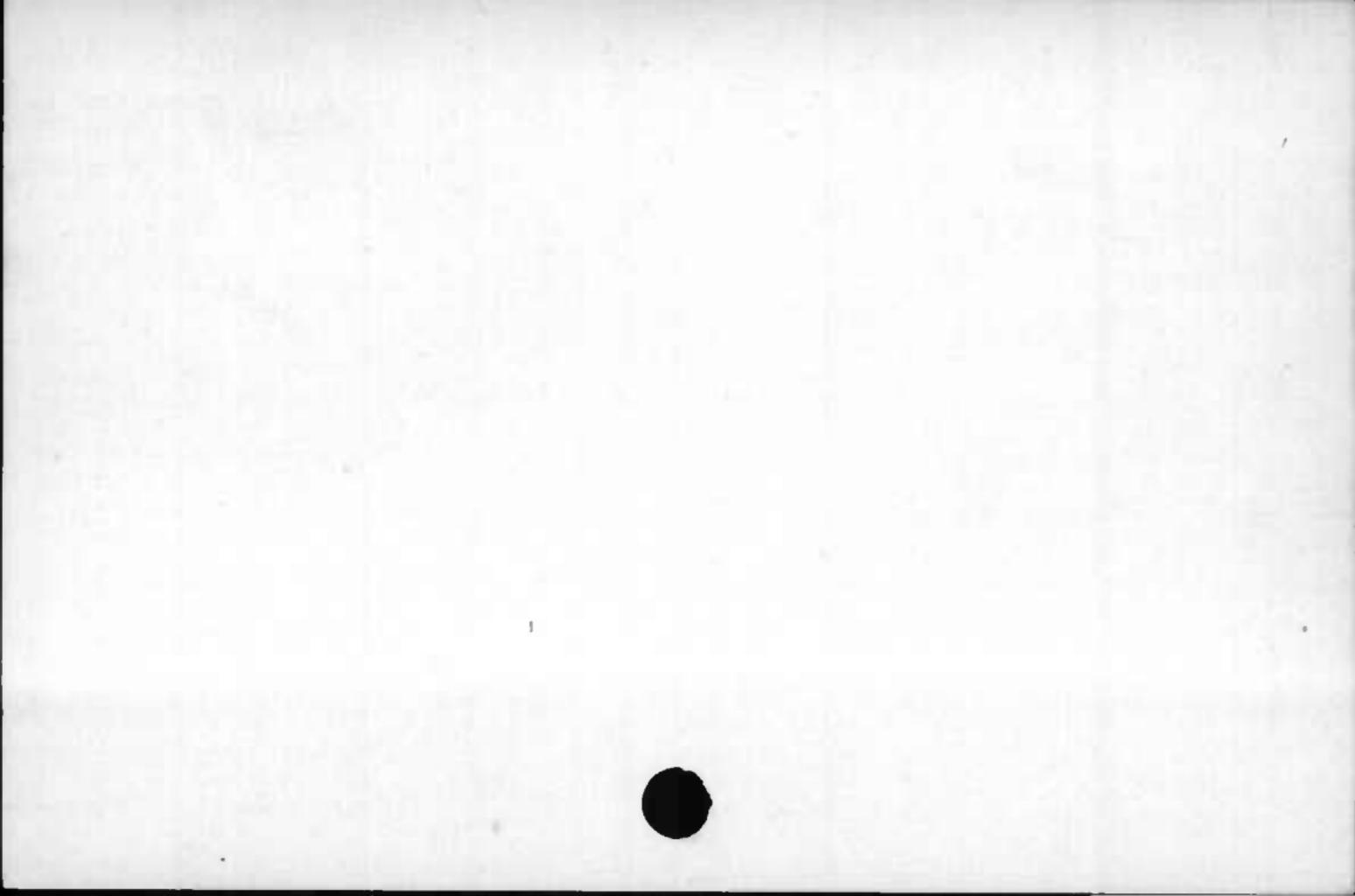
Yes

Signature of Physician

Address

J. E. Miller
City and Health Officer

Accident or Suicide?



Name
in
Full

Ann Maria Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

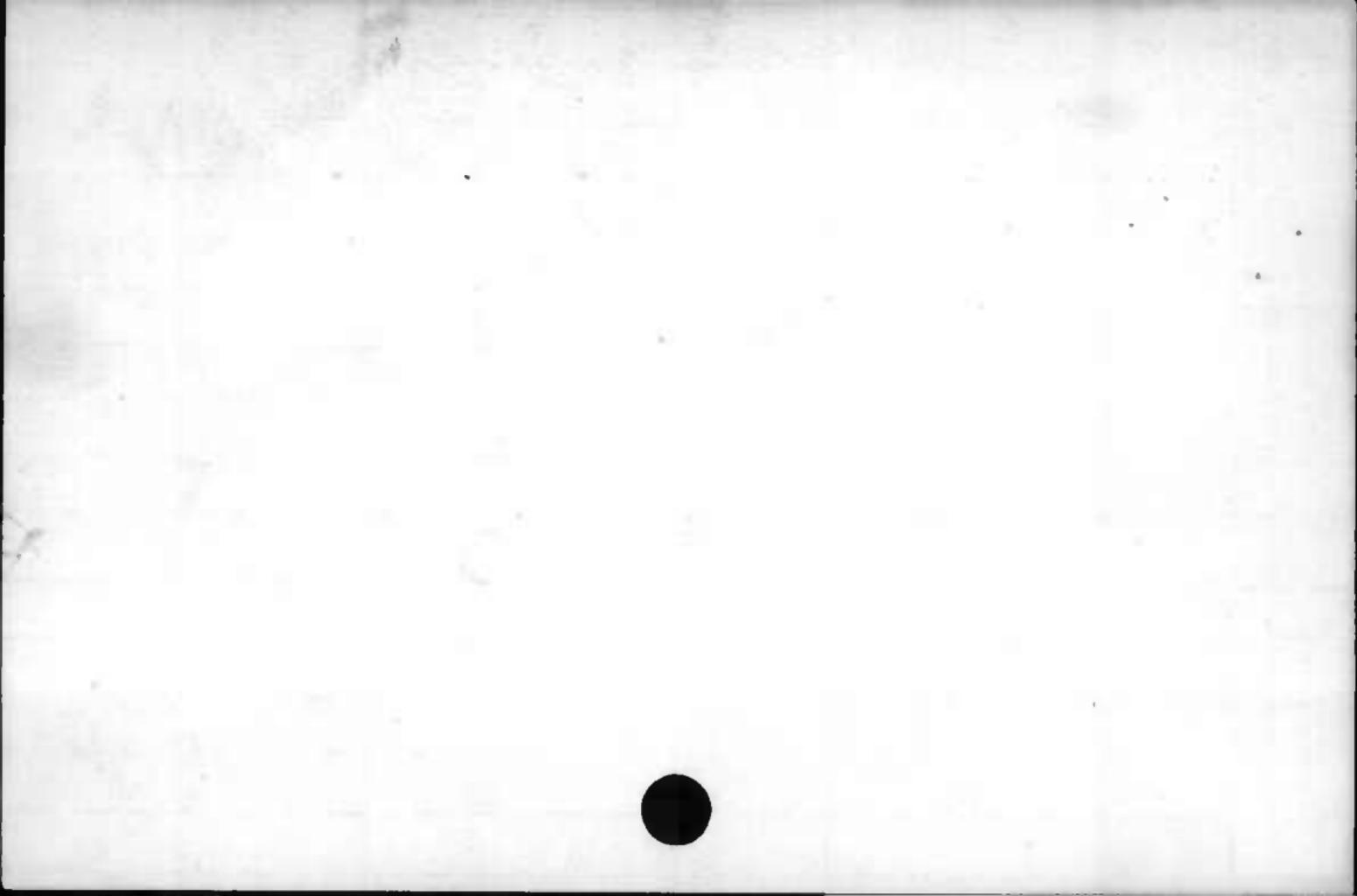
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	12th	23d.	Age 65	4 28
Sex	female	Color or Race	Birth-place	Maryland
Married, Single or Widowed	Widowed		Occupation	Housewife
Name of Husband	Martin Van Buren Johnson			
Father's Name	John Baker			
Mother's Maiden Name	Nancy Droses			
Name of person giving Information	Ezra Baker			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe -	How long	2 weeks
Immediate	Apolle sy	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yts	Signature of Physician	Ralph Bradbury
		Address	Myersville, Md.
Accident or Suicide?			



Name
in
Full

Mrs. Emma Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Woodsboro,</u>	Town	County	MARYLAND		
Date of death <u>1906</u>	Month <u>12</u>	Day <u>1</u>	Age <u>59</u>	Years	Months <u>6</u> Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fredrick Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Woodsboro</u>				
Married, <input checked="" type="checkbox"/> or Widowed <u>Married</u>	Name of Wife or Husband <u>Thomas Johnson</u>	Father's Birthplace <u>Jefferson Co Va</u>			
Father's Name <u>Ashburn Thomas</u>	Mother's Birthplace <u>Frederick Co Md</u>				
Mother's Maiden Name <u>Calhoun Rhinelander</u>	How related to deceased <u>Brother</u>				
Name of person giving information <u>B. J. Thomas</u>	(Signature) <u>15</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ex Ophthalmic Goitre

How long

Three Years

Immediate

Ascites

How long

Two Years

Are the name, age, sex, color, date and place correctly given above?

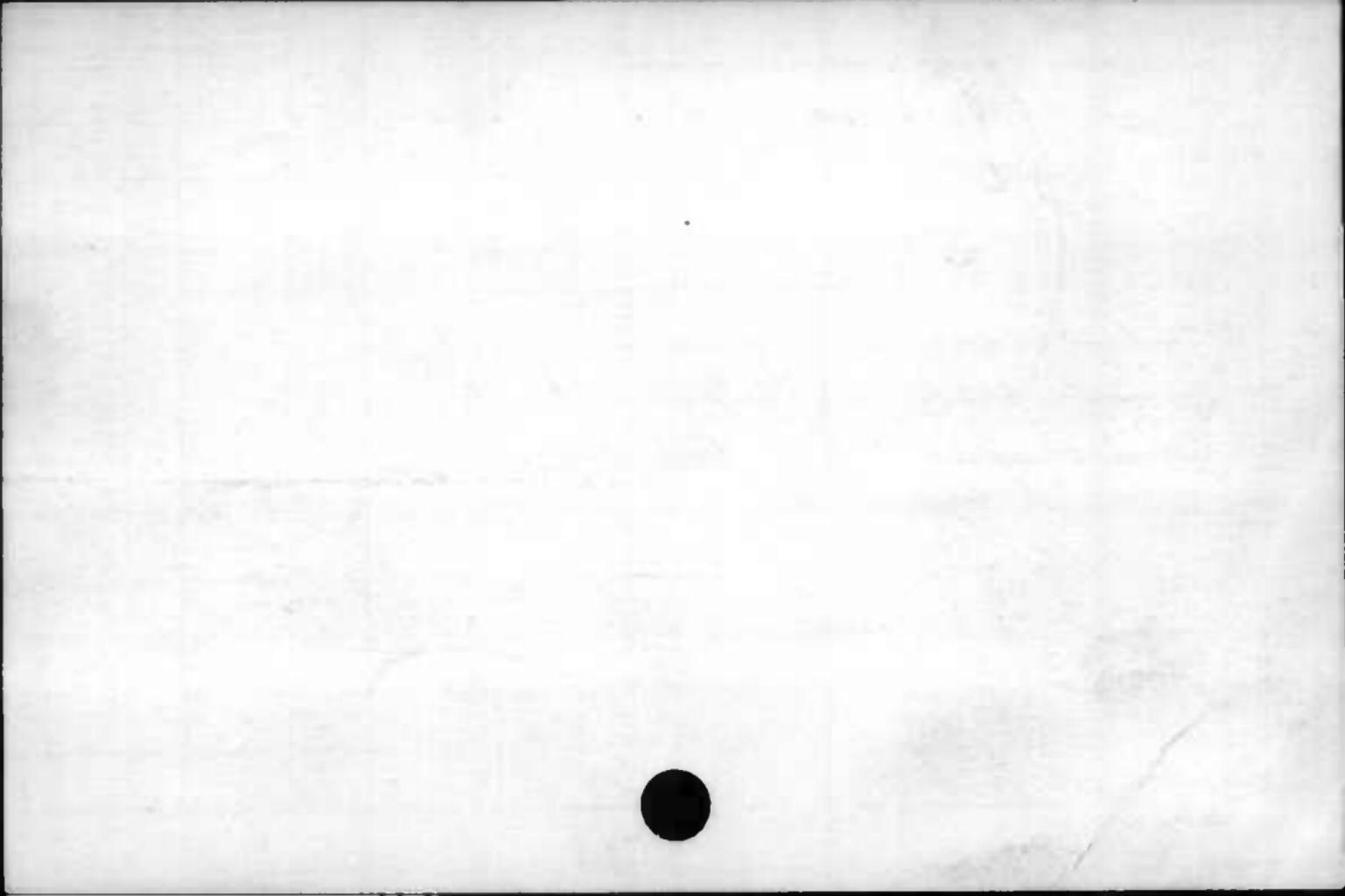
yes

Signature of Physician

Address

McGaffle
Woodsboro

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph Jones		12/10/10	CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	12	25	—	—	2, Wks
Sex	Male	Color or Race	Black	Birthplace	City
Occupation	Same				
Married, Single or Widowed	Single				
Father's Name	Joseph Jones				
Mother's Maiden Name	Tresie Hill				
Name of person giving information	Mrs. Hill				

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Exhaustion.

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

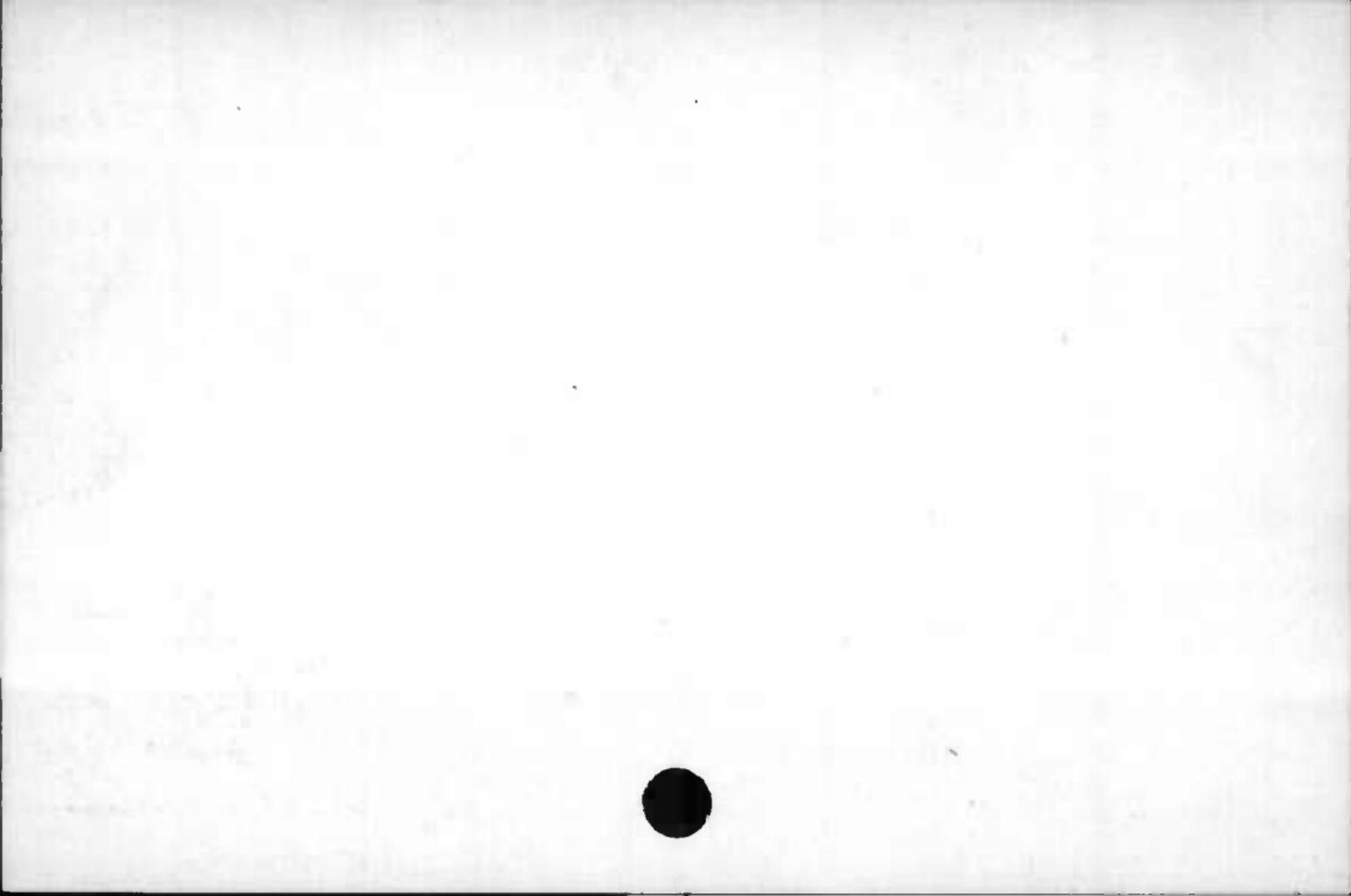
Signature of
Physician

Address

Mary Hill

Mid-wife

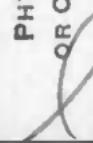
Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Frederick		Frederick			
Date of death	1906.	Month 12.	Day 25	Years	Months	Days
Sex	Male		Color or Race	Colored		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Joseph Jones.			Father's Birthplace		
Mother's Maiden Name	Tresia Hill			Mother's Birthplace		
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

Primary

Premature Birth.

How long

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

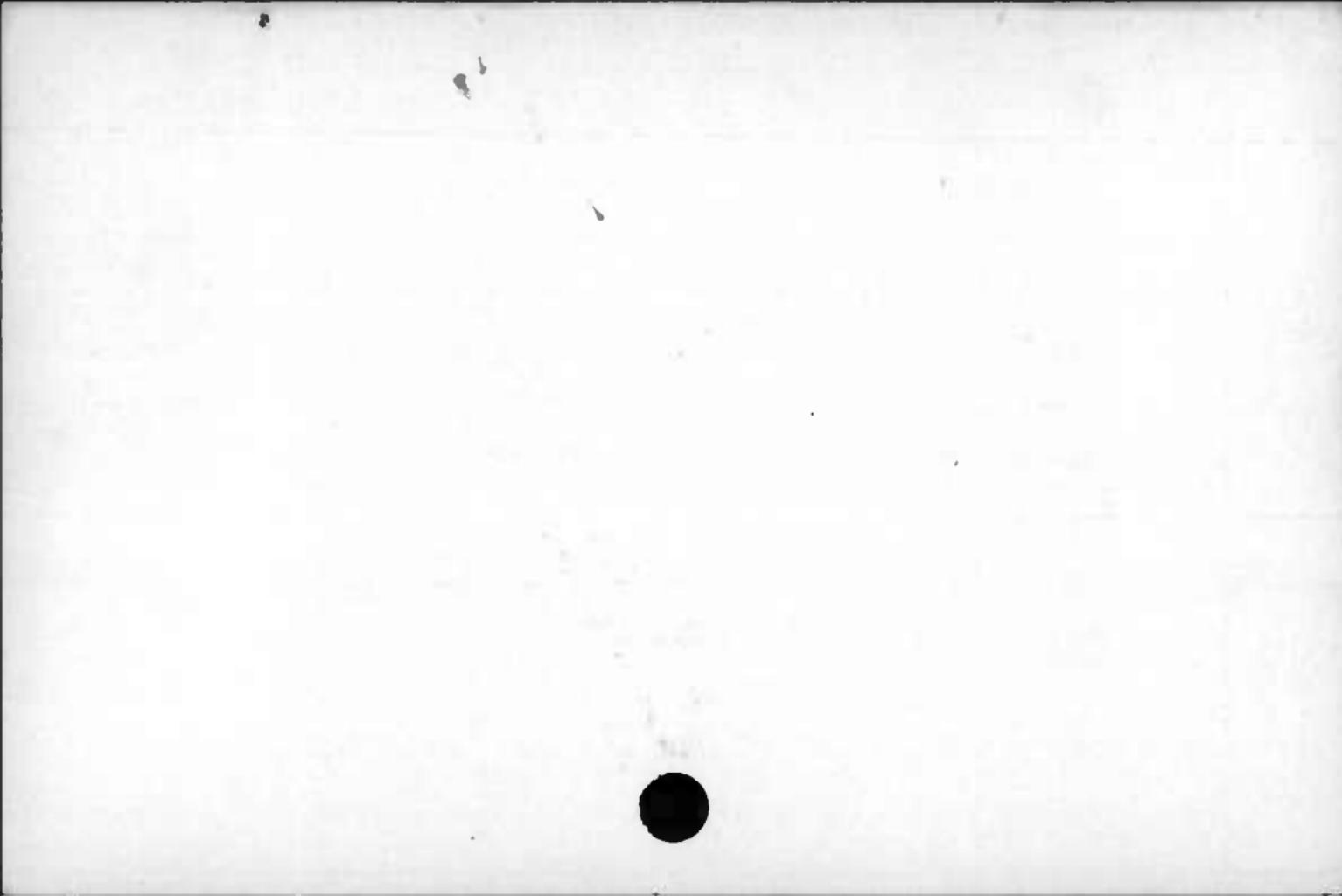
Address

Dr. S. F. Thomas, M. D.

Frederick,

Md.

Accident or Suicide?



Name
in
Full

Irving J. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore		Baltimore			
Date of death	Month	Day	Years	Months	Days
1906	Aug.	18	2	2	22
Sex	Male	Color or Race	white	Birth-place	Baltimore Md.
Occupation	Infant	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Baltimore Md.
Father's Name	Irving J. King,	Mother's Birthplace	" "	Mother's Maiden Name	Flora Brist,
Name of person giving information	Adrey Etchison	How related to deceased	no relation		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles

(6)

How long

6 days

Immediate

Broncho Pneumonia

How long

84 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Hedges
Frederick
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death 1906

Month

Day

Years

Month

Days

Dec.

23rd

Sex

male

Color or
Race

ability

Birth-
place

Still Born

Frederick

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

Joseph Krouse

Md

Mother's
Maiden Name

May Sommer

Md

Name of person giving
Information

Joe Krouse

Father

CAUSES OF DEATH

Primary

Miss Carriage

How long

Immediate

Still Birth

How long

PHYSICIAN
OR CORONER

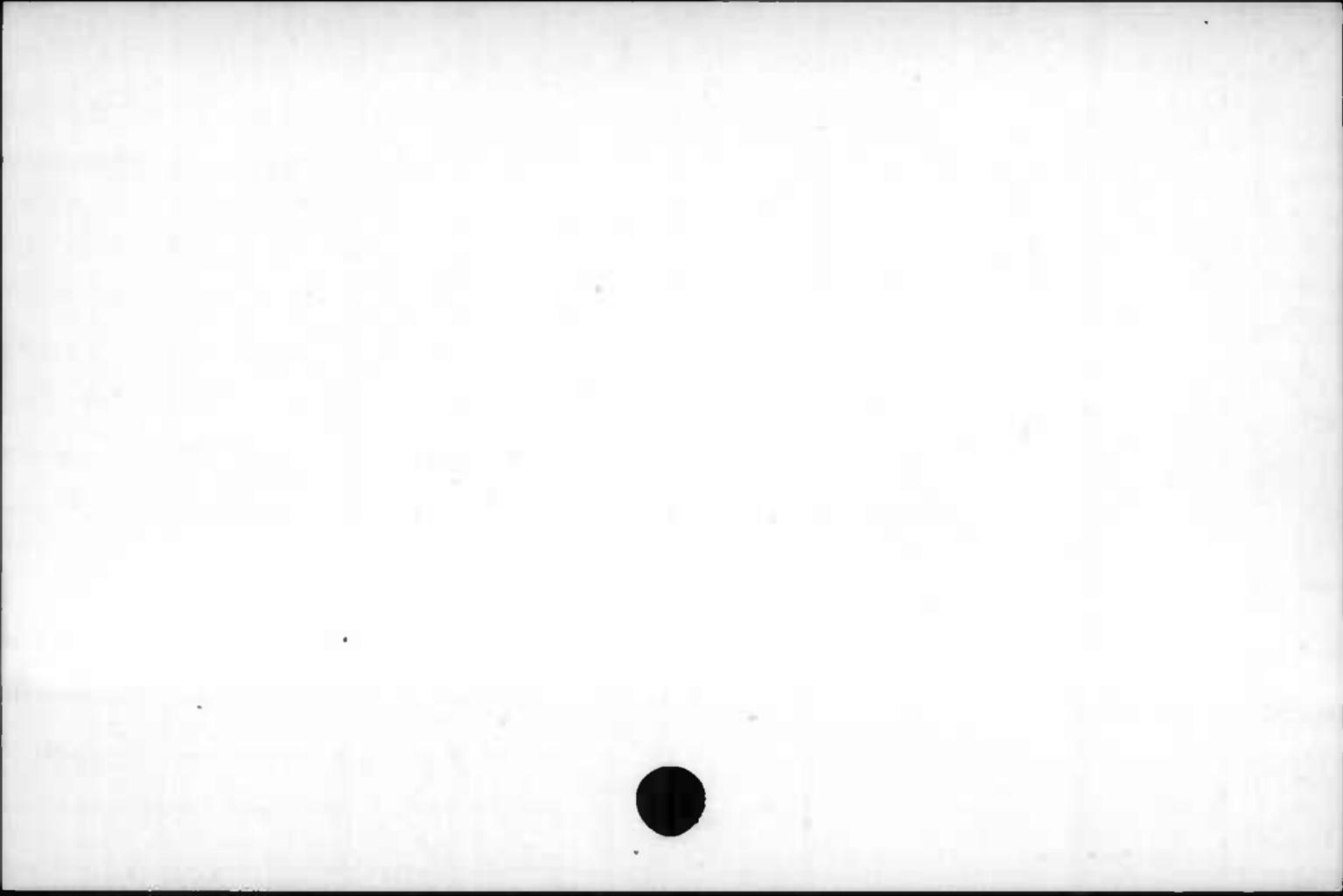
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Frank Hedges
Frederick

Accident or Suicide?



Name
in
Full

John Sanders,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			Mother's Birthplace
Father's Name	Scotland			Carroll Co Md.	
Mother's Maiden Name	Scotland			Carroll Co Md.	
Name of person giving information	How related to deceased			Sister.	

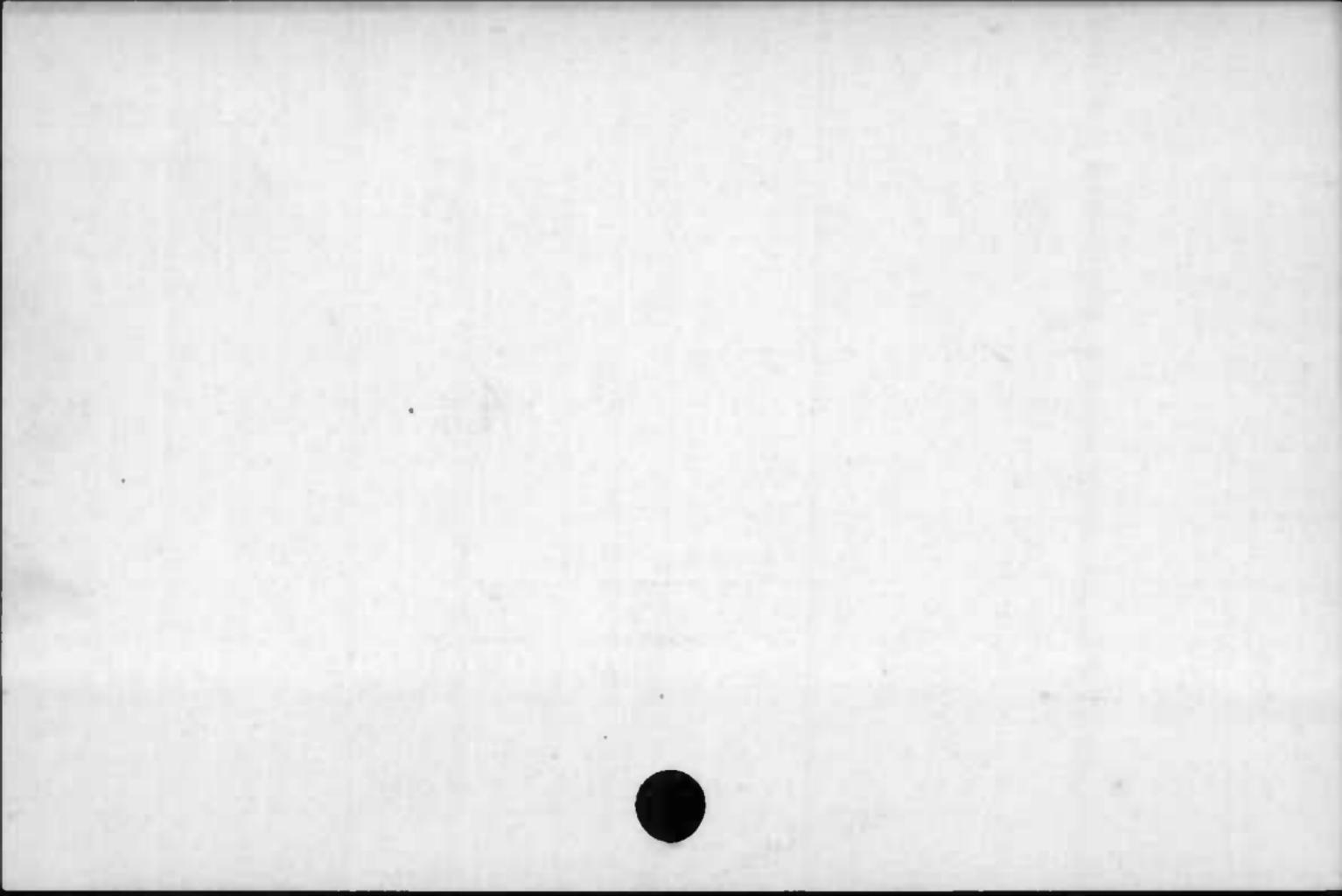
1906 Dec 1 69 3 / /
Male White Carroll Co Md.
Teacher
Married Harriet A. Norman
Leo Sanders
Sophia Caryack
Mrs Key. Groff (W)
Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Volvulus Disease of Heart Dilatation		How long
Immediate	Edema of Lungs & Brain & Cerebra		3 years
Are the name, age, sex, color, date and place correctly given above?		How long	
Yes		Signature of Physician	
		Address	
Accident or Suicide?			

Edema of Lungs & Brain & Cerebra
S. C. Reaiver
Thurmont, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. W. Long

Town

County

MARYLAND

Died at

Baltimore

Frederick

Date

of death 1904 Dec

Month

Day

23

Years

84

Age

Months

Days

Unknown

Unknown

Sex

Male

Color or
Race

White

Birth-
place

Virginia

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

Mrs. H. M. Cook.

X

CAUSES OF DEATH

Primary

Senile debility

How long

10

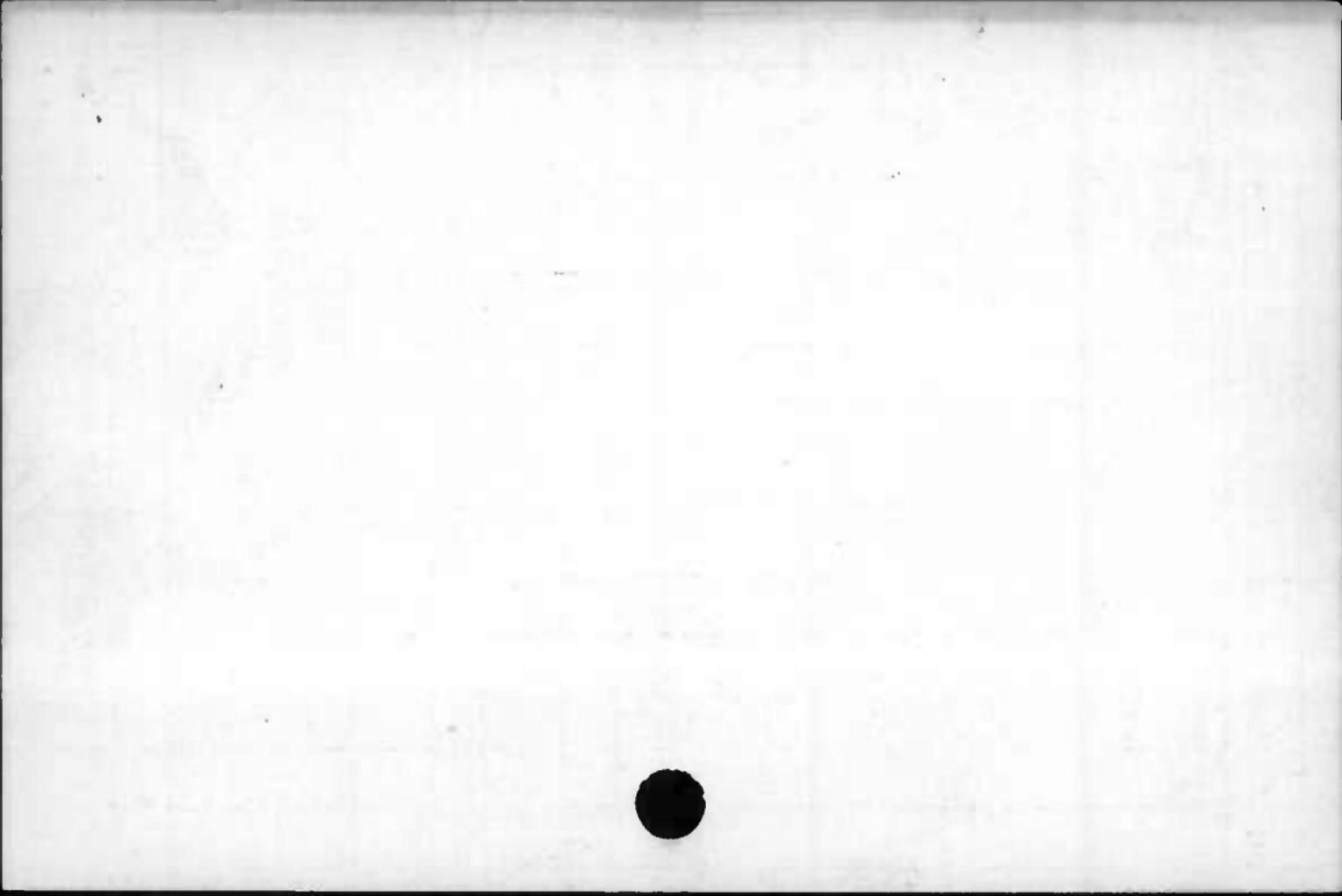
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianR. S. Johnson
Frederick, Md

Address

Accident or Suicide?



Name
in
Full

Sarah A R Logus

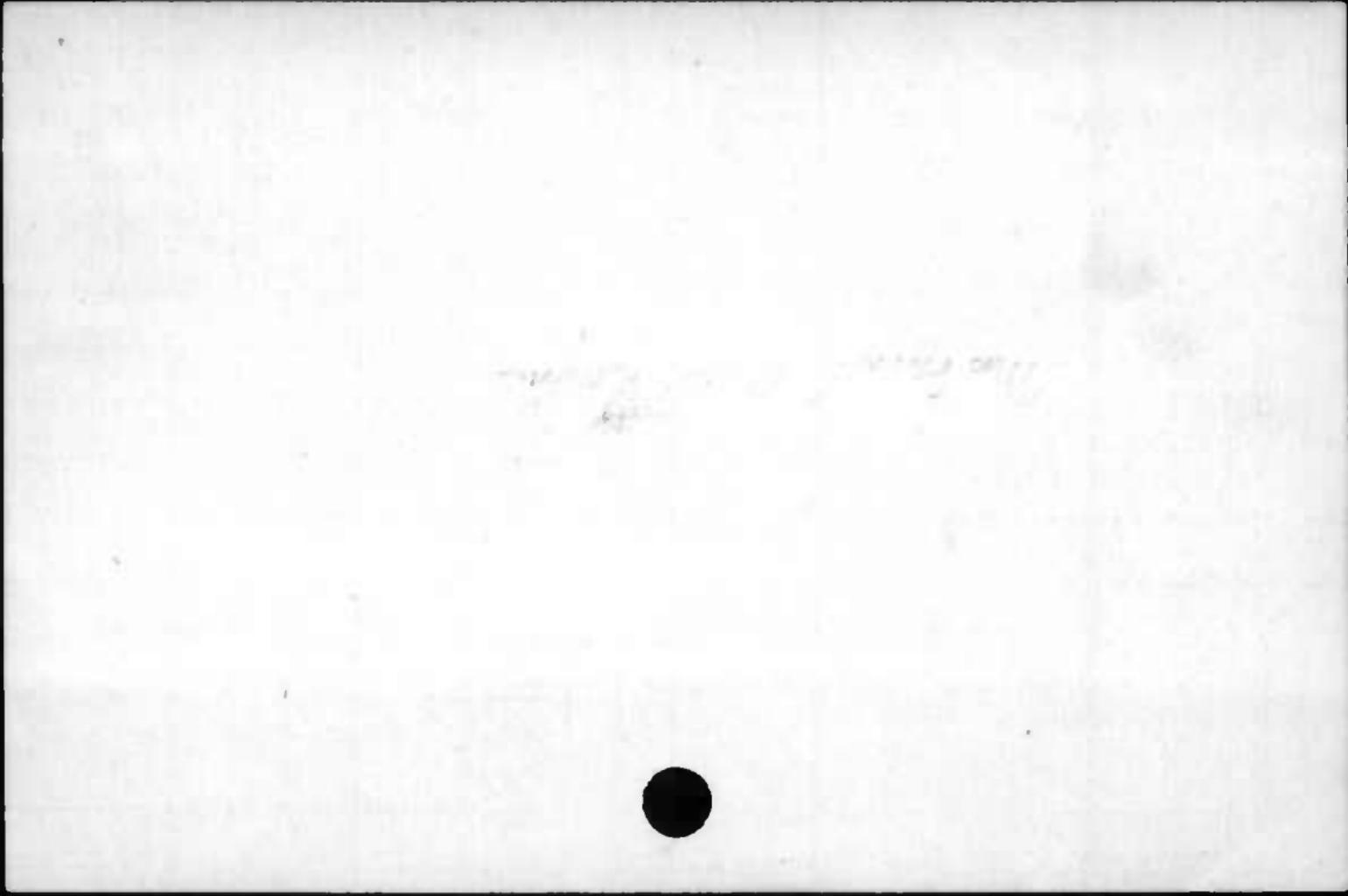
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Dys	
Sex	Color or Race		white	Birthplace		
Occupation			Where Residing if not at place of death	X		
Maided, Single, Widowhood	Name of Wife or Husband		James W. Logus			
Father's Name	William Burgessaw		Father's Birthplace	Md Va		
Mother's Maiden Name	Margaret Strafer		Mother's Birthplace	Md		
Name of person giving information	Carrie McAlpine		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Senility	154	How long	1 Year
	Immediate	Exsanguination		How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	Chas. F. Goode emd	
			Address	Frederick Md	
Accident or Suicide?		No			



Name
in
Full

George W McDowell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	male	Color or Race	white	Birth-place	Frederick		
Occupation	Farmer		Where Residing if not at place of death	Near home			
Married, Single or Widowed	Single		Name of Wife or Husband	Father's Name	Md.		
Father's Name			(A)	Mother's Birthplace	Md.		
Mother's Maiden Name				How related to deceased			
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

How long

3 years

Immediate

acute indigestion

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. S. Fedge
Brunswick Ma

Accident or Suicide?

U



Name
in
Full

Samuel S. Ohler

CERTIFICATE OF DEATH

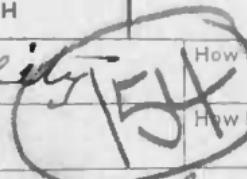
To BE ANSWERED BY
NEAREST FRIEND

Died <u>A near Emmitsburg</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1906	12 th	20 th	86	86	11	
Sex	Male	Color or Race	White		Birth-place	<u>Emmitsburg dist. Frederick Co. Md.</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband		<u>Susan Anna Rowe</u>		
Father's Name	<u>George Ohler</u>			Father's Birthplace	<u>Don't Know</u>	
Mother's Maiden Name	<u>Rosanna Ott</u>			Mother's Birthplace	<u>Emmitsburg Md. Co. Md.</u>	
Name of person giving information	<u>Ida S. Gillelan</u>			How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility General Debility  Several Years

How long

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. Rickelberger

Address

Emmitsburg,
Maryland

Accident or Suicide?



Name
In
Full

Richard Palmer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Montgomery Hospital</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>December</u>	Day <u>15-<u>A</u></u>	Years <u>28</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Fredrick</u>			
Occupation <u>Labourer</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace <u>T</u>				
Mother's Maiden Name	Mother's Birthplace <u>T</u>				
Name of person giving information	How related to deceased <u>X</u>				

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary

Gouty Miliary Tuberculosis - 1 year.

How long

Immediate

Exhaustion

How long

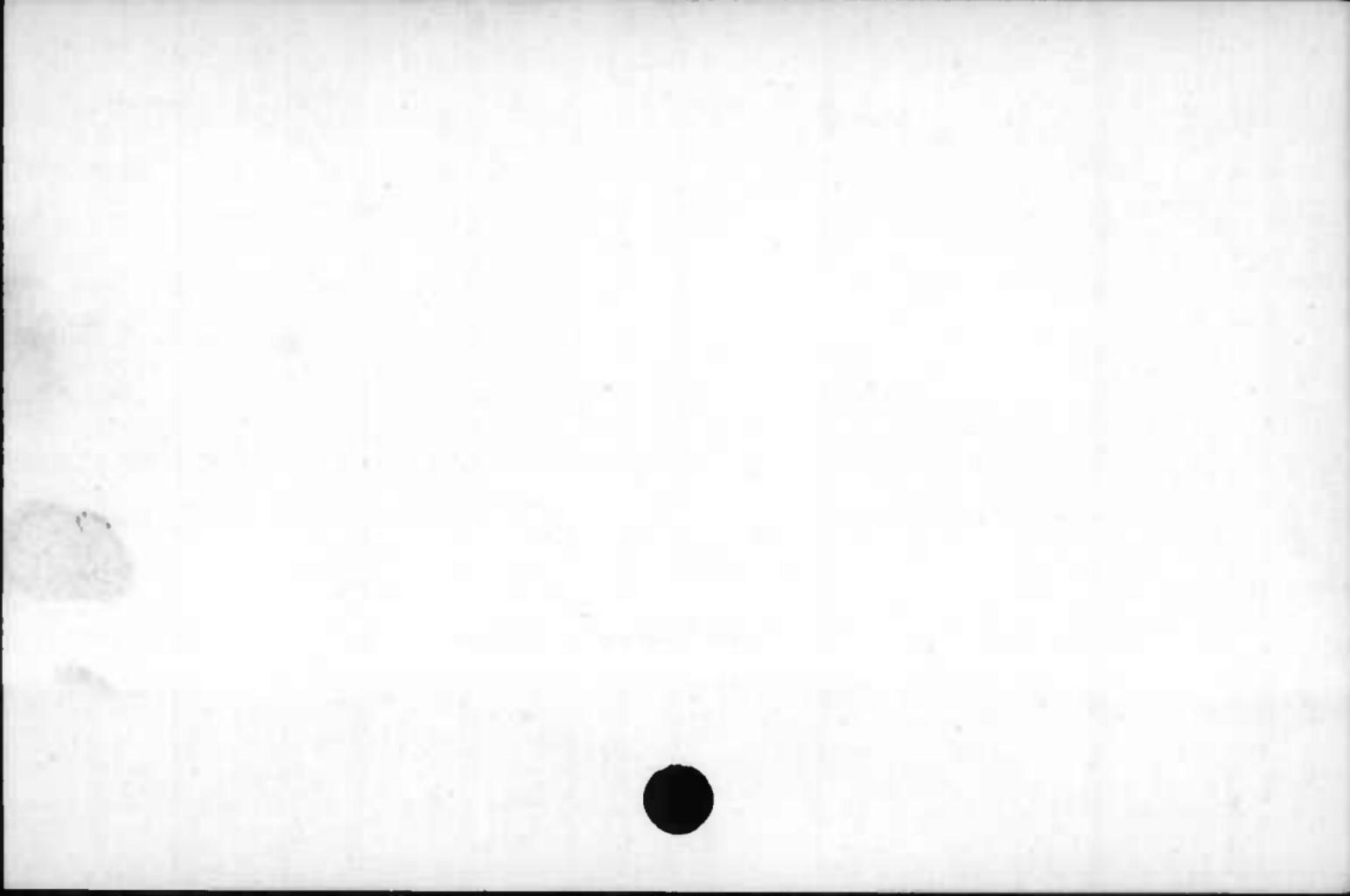
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. L. Lyons,
Fredrick,
MD

Accident or Suicide?



Name
In
Full

Luther Poffinberger

CERTIFICATE OF DEATH

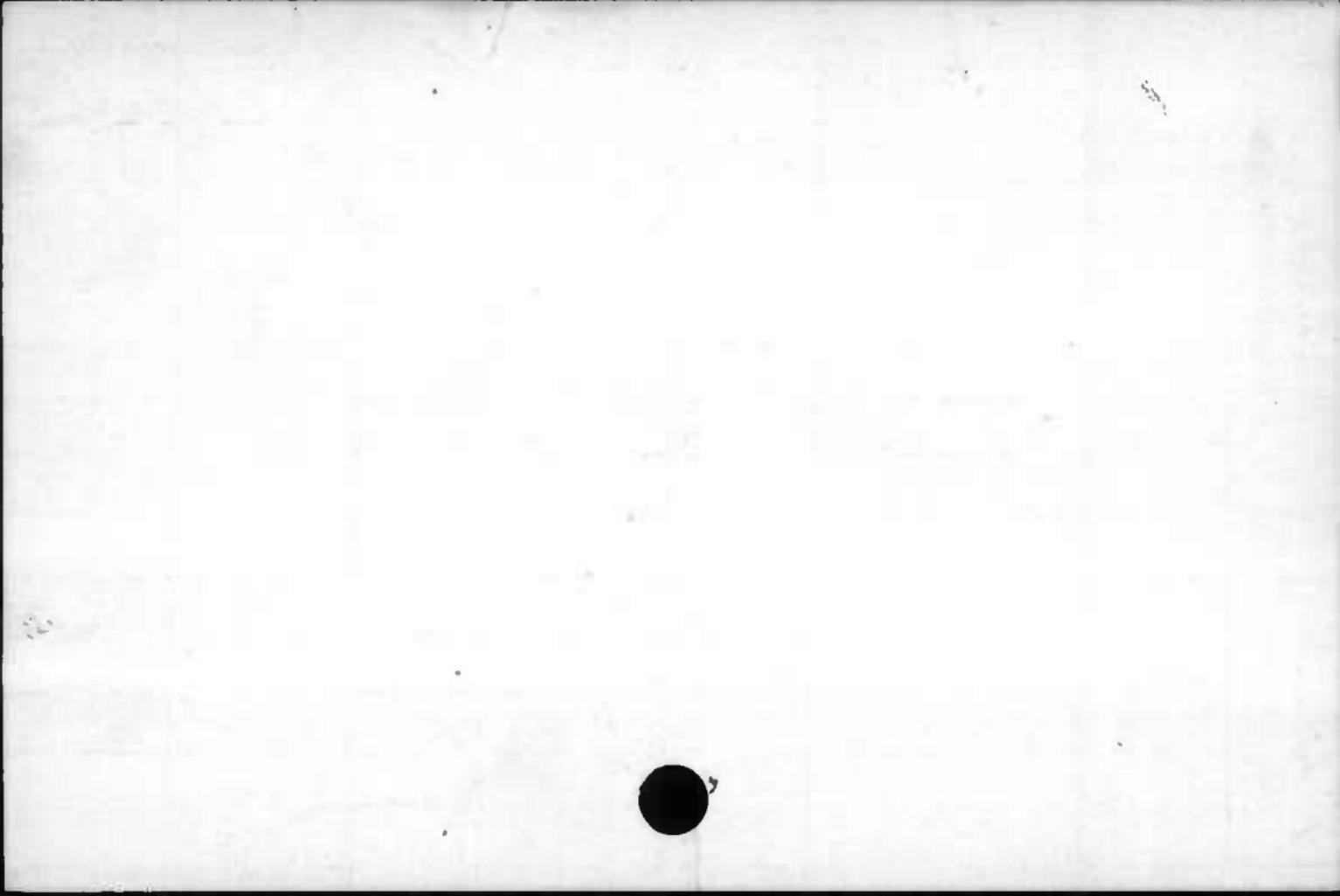
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Sabillasville	Frederick		Months	Days
Date of death	Month	Day	Years	14
1906	Dec	23	Age	
Sex	Color or Race	White	Birth-place	Sabillasville Md
Male				
Occupation	Where Residing if not at place of death			At place of death
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	George Poffinberger			Father's Birthplace
Mother's Maiden Name	Elizabeth E. Rantzahn			Marysville Fred Co.
Name of person giving information	X			Mother's Birthplace
				How related to deceased
				X

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis & Colitis	(90)	How long	2 weeks.
Immediate	Capillary Bronchitis	(90)	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	G. L. Wachter		
Yes	Address	Sabillasville Maryland		
Accident or Suicide?				



Name
in
Full

John Wrotty Porter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Dec	10	Age 66	11	11
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Ex Post master				
Married, Single or Widowed	Where Residing if not at place of death				
married	Leah Louise Porter				
Father's Name	Philip Porter				
Mother's Maiden Name	Mary Leatherwood				
Name of person giving information	William Porter				
How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(64)

How long

2 yrs

Immediate

Central Hemorrhage

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. L. Hosine
Brunswick
Md

Accident or Suicide?

50

4

12



Name
in
Full

Julia Rayhack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	12	2	Age	8 hours		
Sex	Female	Color or Race	white	Birth-place	New Brunswick	
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed	Infant	Name of Wife or Husband				
Father's Name	John Rayhack	Father's Birthplace	Hungary			
Mother's Maiden Name	Mary Rayhack	Mother's Birthplace	Hungary			
Name of person giving Information	John Rayhack	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

(15)

How long

8 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H Hedges M.D.

Brunswick Md

Accident or Suicide?



Name
in
Full

Mary Rhodnick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1904	Dec	13	Age 87	15-
Sex	Female	Color or Race	white	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband.			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
nurs H.M. Shook.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Genl Debility /54 How long
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. D. Lyson
Frederick
Md.

Accident or Suicide?



Name
in
Full

Theodore R. Ridenour

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

Single

He. O. Ridenour

Emma W. Warren

He. O. Ridenour

Fi. Leo Mad

" " "

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Hydrocephalus 3 years

Immediate

acute Meningitis, cerebral 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Frank Hedges
Frederick

Accident or Suicide?

Dr Hedges

Burial at Meyersville

Name
in
Full

Clarence A. Daeger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Brunswick		Frederick			
Date of death	1906	Month Dec	Day 9	Years 1	Months 4	Days 1st
Sex	male	Color or Race	white		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Albert Daeger		Father's Birthplace		Fr.	
Mother's Maiden Name	Elsie G. Booth		Mother's Birthplace		Md.	
Name of person giving information	Albert Daeger		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchopneumonia

92

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Lewin West

Brunswick

Frederick Co

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Francis Thomas Schwinden

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Dec	5	67	7	4
Sex	Male	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Retired Railroad man	Dawson				
Married, Single or Widowed	Name of Wife or Husband	Mary Jane Schwinden			
Married	Mary Jane				
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving information	M. R. Etelson				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

General debility

How long

16 mo

Immediate

Cerebral thrombosis

How long

24 hr

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

T. Clyde Routin

Address

Buckeye, Conn.
Md.

Accident or Suicide?



Name
in
Full

Mrs Mary

Sebold

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Emmitsburg Town

County Frederick

MARYLAND

Date of death 1906 December Month

Day 9'

Years 82

Months

Days

Sex Female Color or Race white

Birth-place Emmitsburg Md

Occupation none

Where Residing if not
at place of death

Married, Single
or Widowed Widow

Name of Wife or Husband

Peter Sebold

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Jacob Toppes

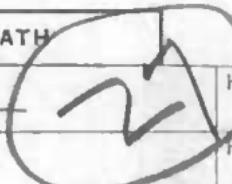
How related to deceased

none

CAUSES OF DEATH

Primary Senile Consumption

How long Two Years



How long Three Months

Immediate Inanition

Signature of Physician John B. Brown, M.D.

Address Emmitsburg

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name
In
Full

Sue Shealy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lewisburg Md	Bradford			
Date of death	Month	Day	Years	Months	Days
1906	Dec	9	Age 52	—	—
Sex	Color or Race	Birth-place			
Female	white	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Married	John T. Shealy				
Father's Name	Father's Birthplace				
Jacob Germann	Md				
Mother's Maiden Name	Mother's Birthplace				
Julia Snook	Md				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Uterus

How long

1 yr

Immediate

Exhaustion

How long

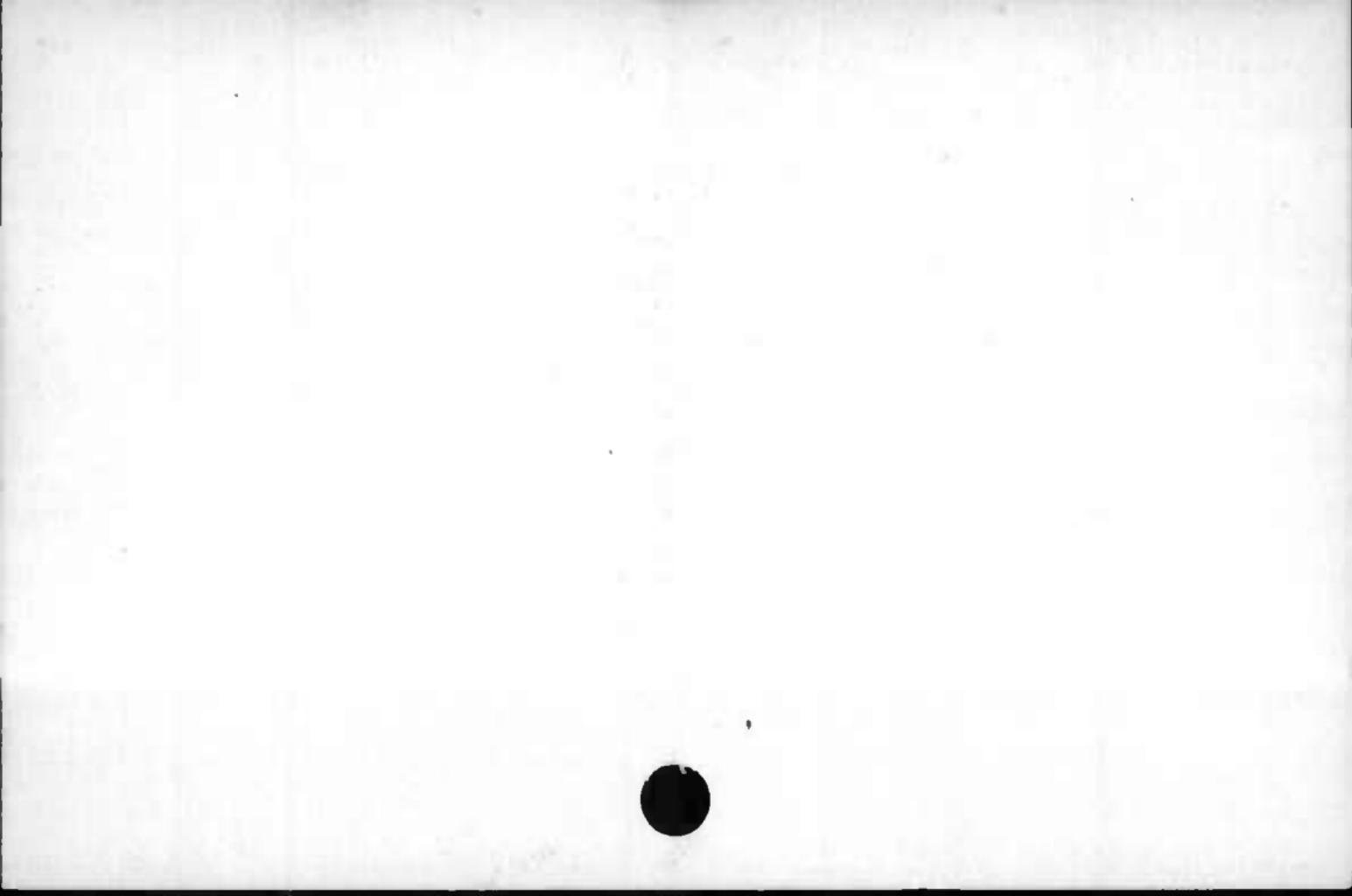
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D. E. Miller

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Blanche Shipley

CERTIFICATE OF DEATH

Died at	Neat Sallo	County	MARYLAND
Date of death	1906 Dec	Day	Age
Sex	Female	Color or Race	White
Occupation	infant	Where Residing if not at place of death	Westfalls at place of Death
Married, Single or Widowed	=	Name of Wife or Husband	
Father's Name	Edward L. Shipley	Father's Birthplace	Muncie, Pa.
Mother's Maiden Name	Lillie C. Lewanam	Mother's Birthplace	Westfalls
Name of person giving information	Edward L. Shipley	How related to deceased	Sister

CAUSES OF DEATH

Primary Bronchial Pneumonia (92) How long 3 days
Immediate " " How long "

Are the name, age, sex, color, date and place correctly given above?

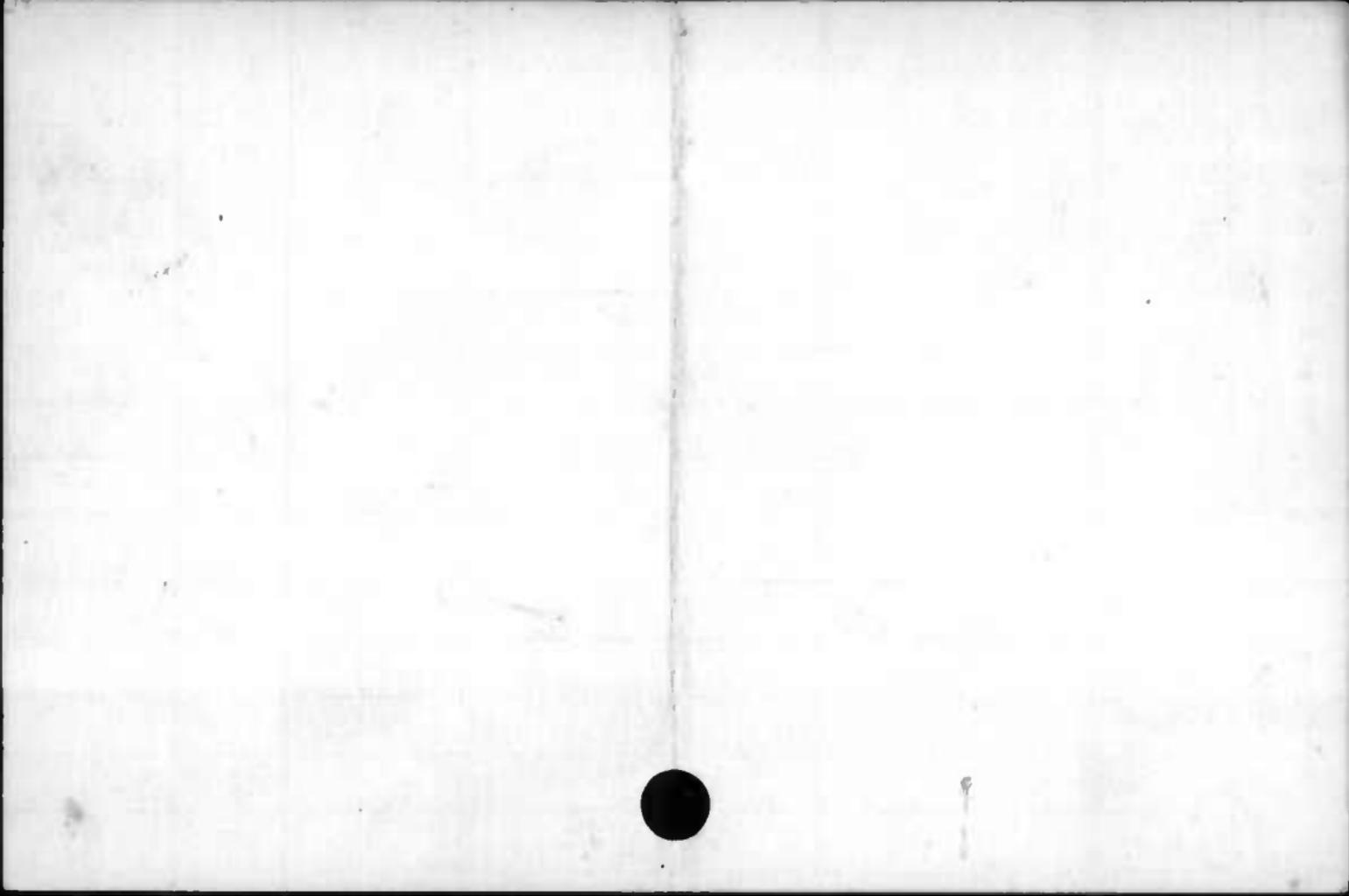
yes.

Signature of Physician

Address

A.P. Crank M.D.
Dr. Drey

Accident or Suicide?



Name
in
Full

Martha B. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race	Colored		Birth-place	Md		
Occupation	Houswife			Where Residing if not at place of death	Frederick, Maryland		
Married, Single or Widowed	Married	Name of Wife or Husband	Jeremy Smith		Father's Birthplace	Md	
Father's Name	J. H. Evans		Sazah C. Cartwright		Mother's Birthplace	Md	
Mother's Maiden Name	Sazah C. Cartwright		J. H. Evans		How related to deceased	Father	
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis (2) 1 yr

Immediate

Exhaustion

How long

1 wk

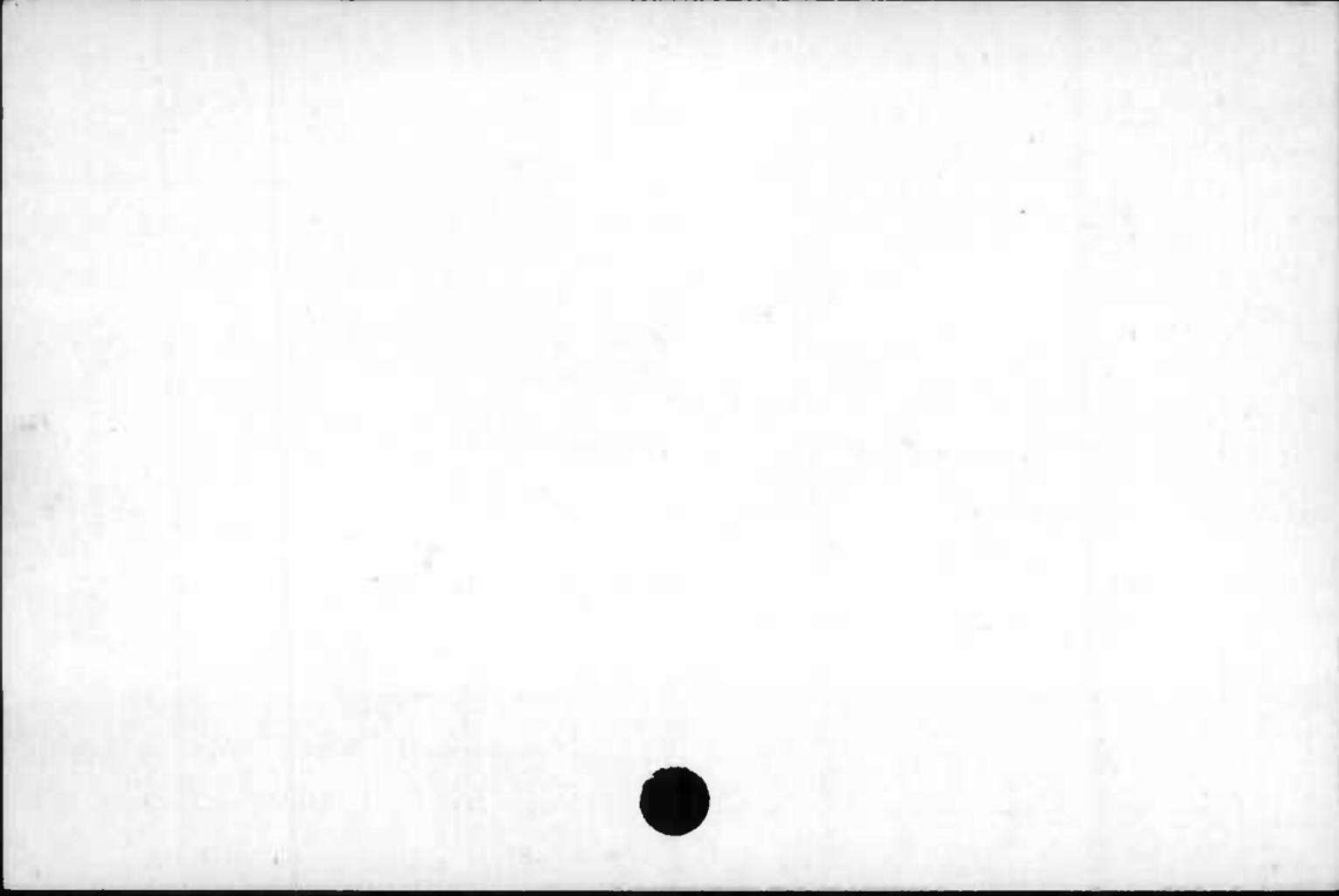
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

George Joseph
Burkittsville
Maryland



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Smith					CERTIFICATE OF DEATH		
Died at New Reagaville		Town	County Foothills.		MARYLAND		
Date of death	1906	Month 12	Day 8	Years Age 89	Months 7	Days —	
Sex Female	Color or Race	White		Birth-place F. Co. Md.			
Occupation House Wife	Where Residing if not at place of death			Same			
Married, Single or Widowed Widow	Name of Husband	George Elias Smith			Father's Birthplace F. Co. Md.		
Father's Name John Lambert.	Catherine Keefer.			Mother's Birthplace " " "			
Mother's Maiden Name Catherine Keefer.	Name of person giving Information Mrs. Fulness			How related to deceased Nephew			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Arterio-sclerosis	(81)	How long for years
	Immediate General asthenia		How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. Hendrix, M.D.	Address Frederick, Md.
Accident or Suicide? No			

Rice

Name
in
Full

Jacob Cyrus Spouseller 28

CERTIFICATE OF DEATH

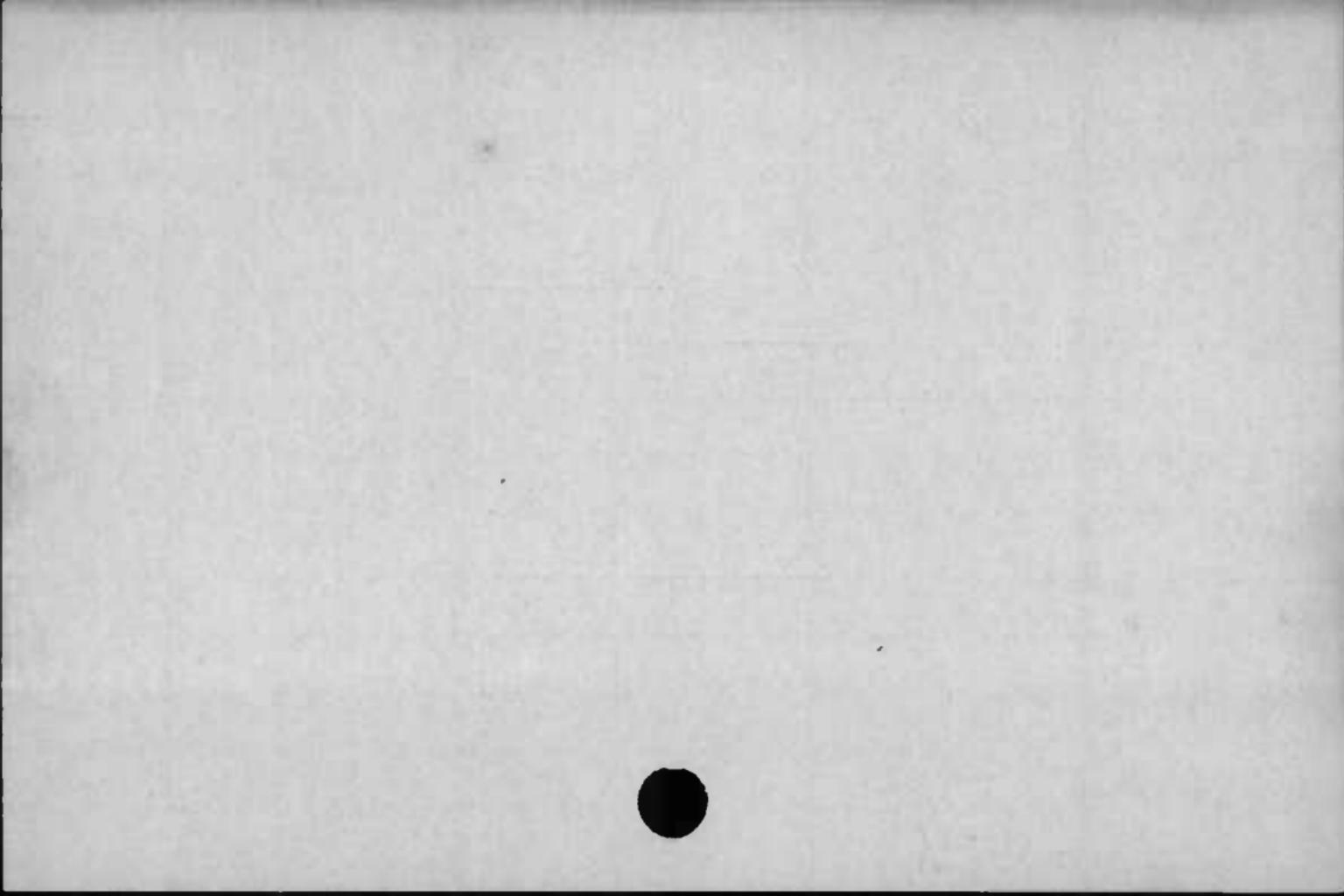
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Jaunsville	Fredrick			
Date of death	Month	Day	Years	Months	Days
1906	12	25	87	9	7
Sex	Male	Color or Race	White	Birth place	Fredrick Co. Md.
Occupation	Farmer		Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Baer	Father's Name	Adam Spouseller
Mother's Maiden Name	Doris Knott		45	Mother's Birthplace	Maryland
Name of person giving Information	J. W. Spouseller		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of the bladder	How long	one year -
Immediate	The Rapid growth of the tumor interfering with organic function - Tissue wasting & emaciation	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	George H. Riggs M.D.
		Address	Jaunsville Md.
Accident or Suicide?		No -	



Name
in
Full

Drewsilla Springer

CERTIFICATE OF DEATH

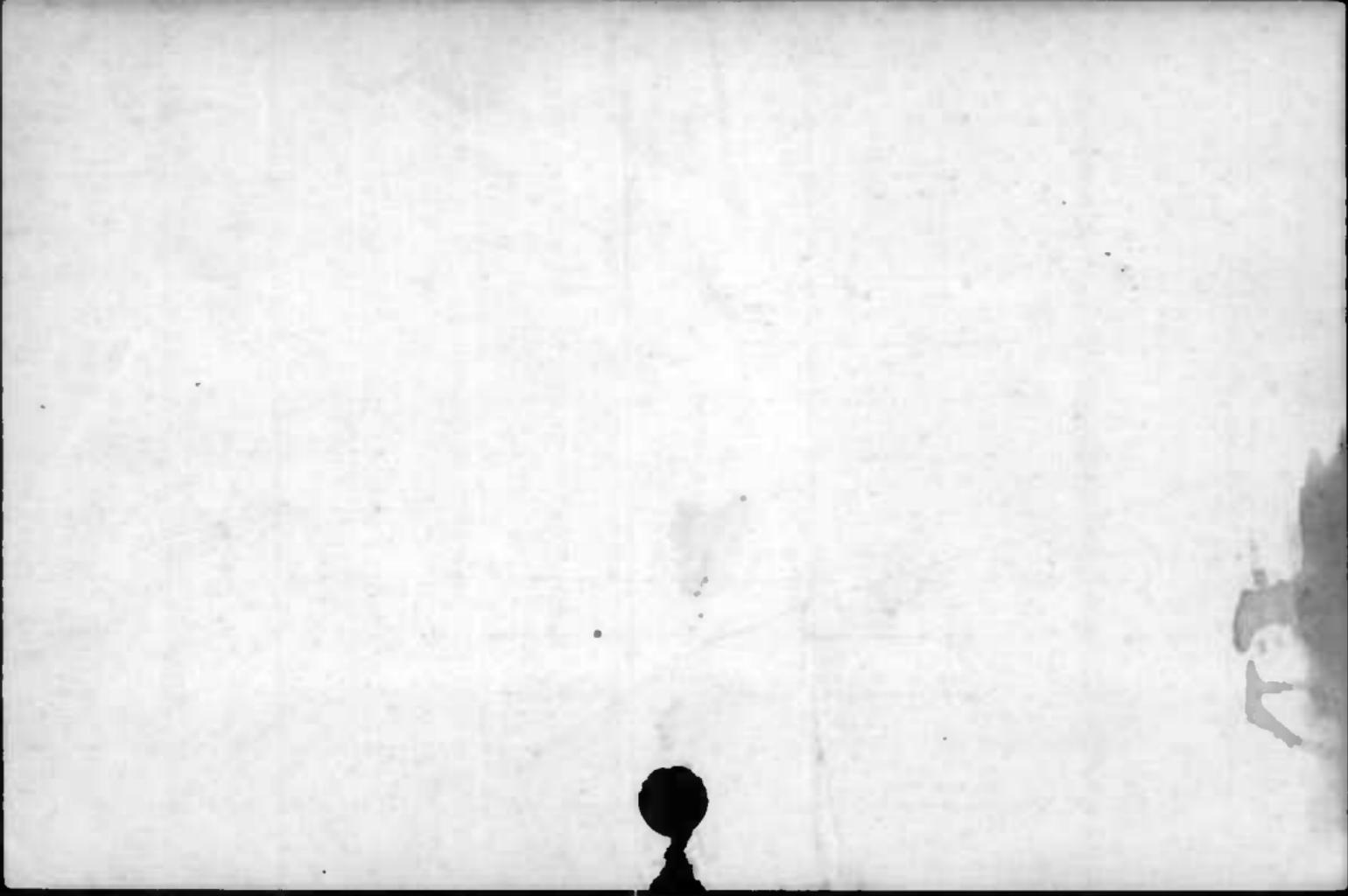
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Plane 4	Frederick			
Date of death	Month	Day	Years	Months	Days	
1906	Dec.	1 st	Age 71	4	—	
Sex	Female		Color or Race	white American		Birth-place
Occupation	Housewife		Where Residing if not at place of death		Near Plane 4	
Married, Single or Widowed	Widow		Name of Wife or Husband	Mrs. G. Springer		
Father's Name	Jeremiah Springer		Father's Birthplace		—	
Mother's Maiden Name	Elijah Wheeler		Mother's Birthplace		—	
Name of person giving information	John Springer		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Sixty Years
Immediate	Asthma		How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L.E. Bromwell
			Address	W. Main Wells
Accident or Suicide?				



Name
in
Full

Mary Burner Stauffer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Malkersville	Frederick		—	—	—
Date of death	Month	Day	Years	Months	Days
1906	12	13	69	—	—
Sex	Color or Race	Age	Birth-place		
Female	white	69	Md		
Occupation	Where Residing if not at place of death				
House wife					
Married, Single or Widowed	Name of Husband	David R. Stauffer			
Married	Wm. R.				
Father's Name	David Burner				
Dad					
Mother's Maiden Name	Lydia Preager				
Dad					
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility-

How long

See Yrs

Immediate

Bronchitis

How long

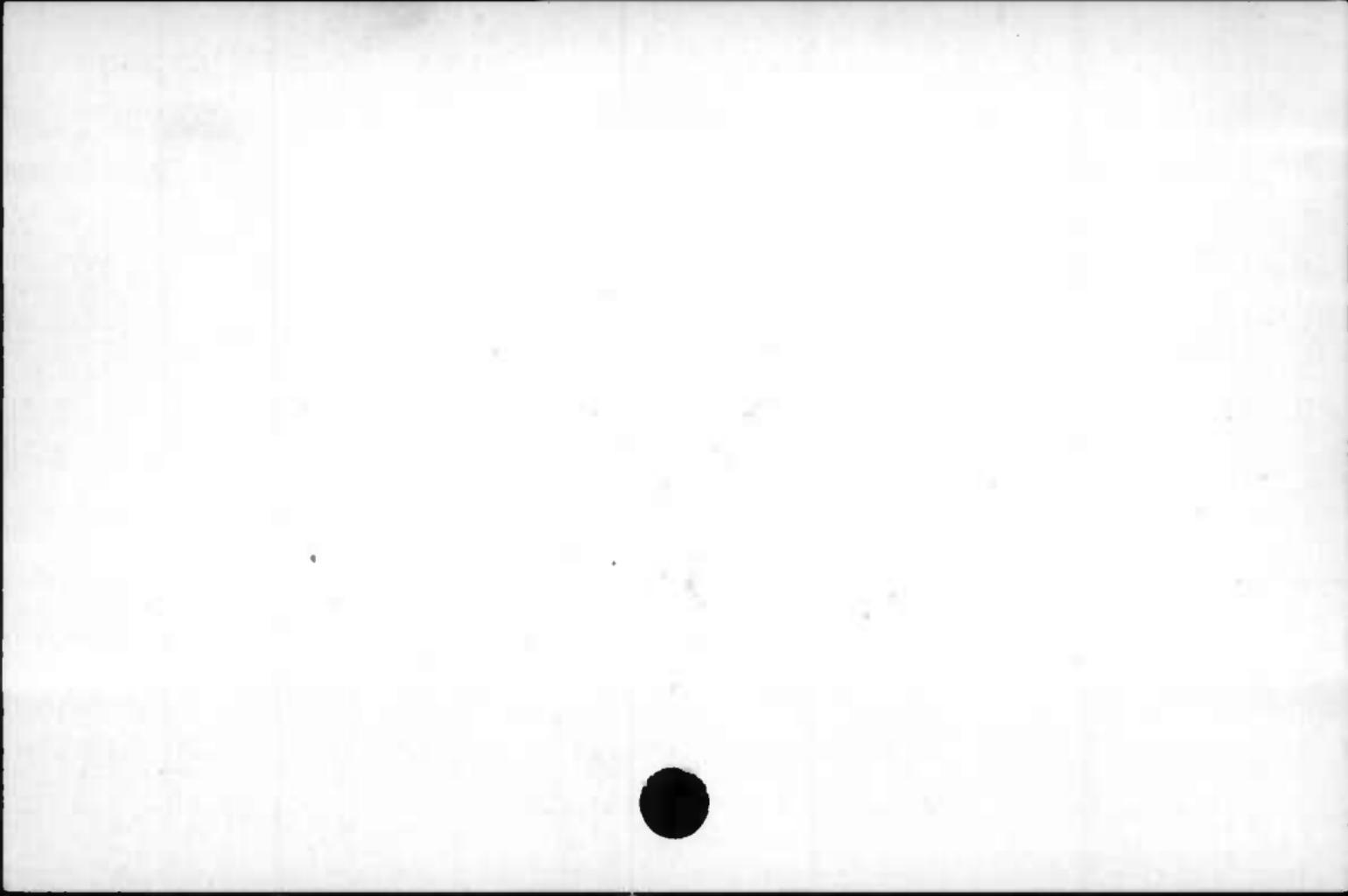
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No. 10 Hickory Street
Malkersville
Md

Accident or Suicide?



Name
in
Full

Mary Jane Stimmel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Dec	Day 2	Years 78.	Months 8	Days 25
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband Edward H Stimmel	Father's Birthplace Maryland			
Father's Name John Barrick	Mother's Birthplace				
Mother's Maiden Name					
Name of person giving information Mrs. Kable	How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Disability

54

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O.H. Kable,
Shadyside, Md

Accident or Suicide?



Name
in
Full

Insanna Stolttemeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Dec	14	Age 83	0	13
Sex	Female	Color or Race	white	Birth-place	and
Occupation	House keeper	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Rasin Stolttemeyer		
Father's Name	Solomon Forest	Father's Birthplace	Md		
Mother's Maiden Name	Nolf	Mother's Birthplace	Md		
Name of person giving Information	Daniel Forest -	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

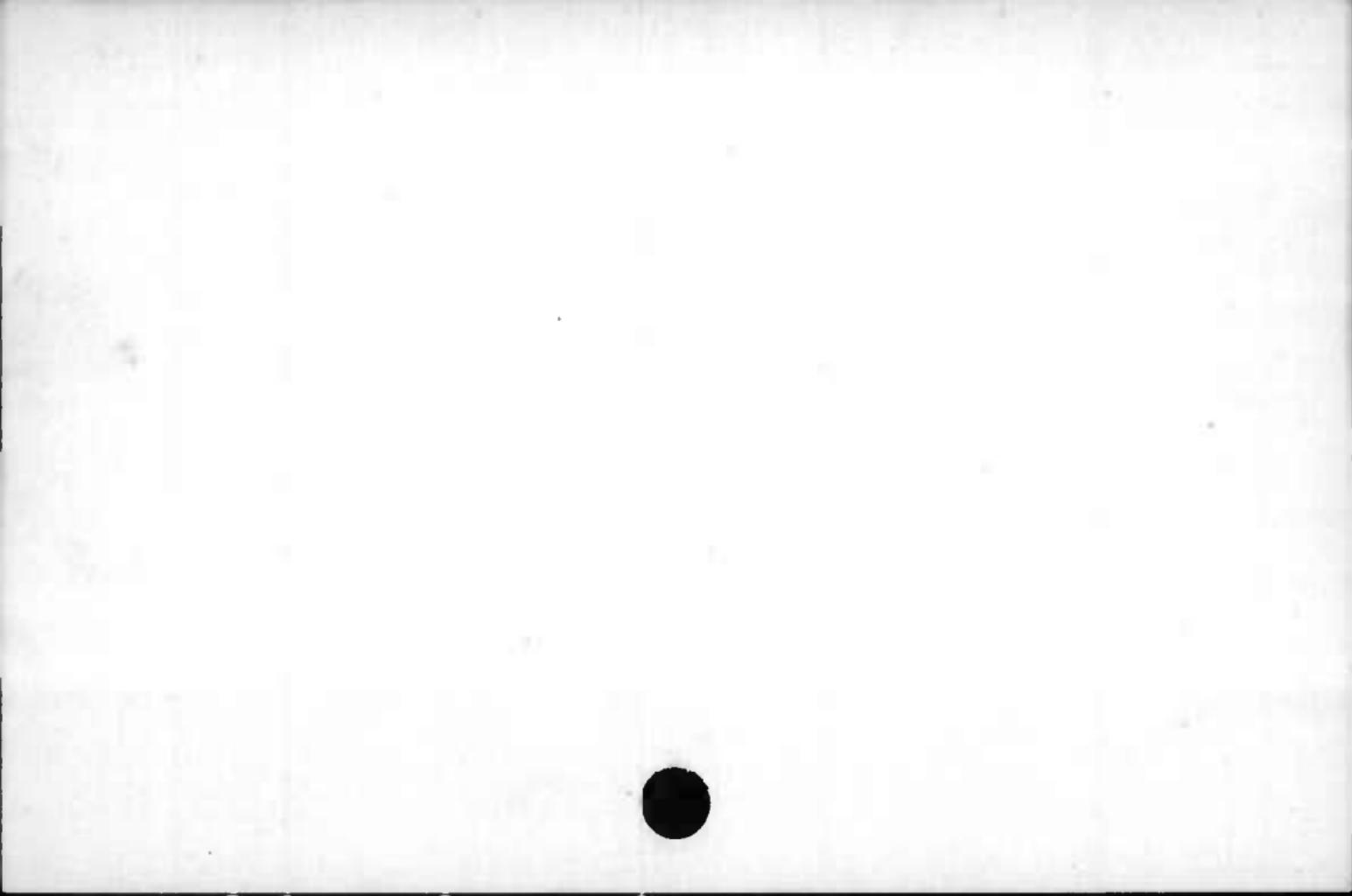
Primary	Apoplexy	64	How long
Immediate	Shock		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Cora Ellen Swope

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	J. E. Swope		Father's Birthplace	Md	
Mother's Maiden Name	Mary Hurley		Mother's Birthplace	Md	
Name of person giving Information	Mrs Swope		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 wk

Immediate

break

How long

14 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?



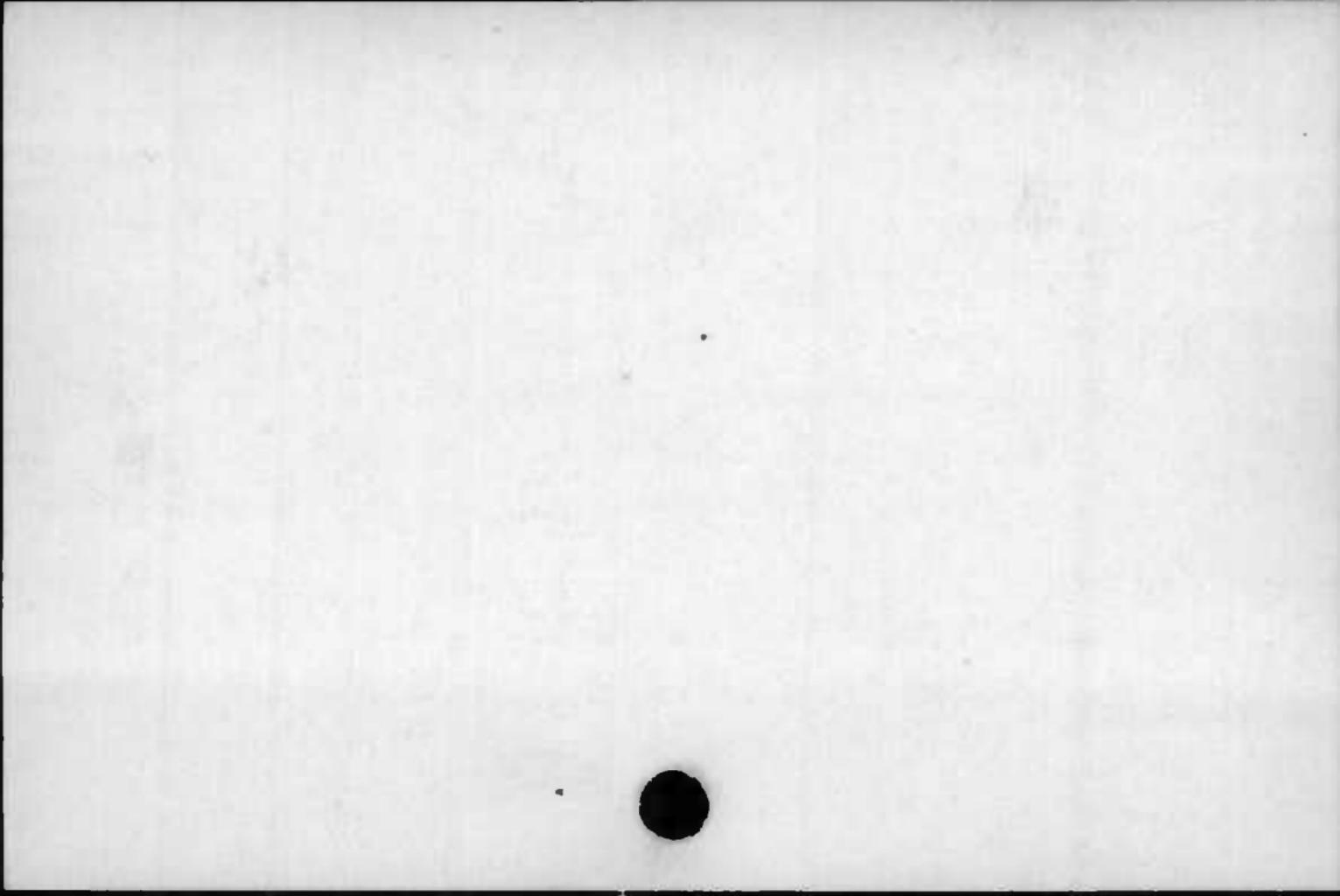
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Infant of Anne Oitorow					CERTIFICATE OF DEATH		
Died at	Town Frederick		County Frederick	MARYLAND			
Date of death	1906	Month Dec	Day 21	Age Y	Months 0	Days 0	
Sex	Female		Color or Race White	Birthplace Frederick			
Occupation	Where Residing if not at place of death Y						
Name , Single or Married	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	Premature Birth	
Immediate	Congenital	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide		



Name
In
Full

Margaret E. Toppner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	12	3	70 9 18
Sex	Color or Race	Birth-place	
Female	White	Carroll Co Md	
Occupation	Where Residing if not at place of death		
House Wife	Same		
Married, Single or Widowed	Name of Wives Husband		
Widow	James G. Toppner		
Father's Name	Father's Birthplace		
John Ashbaugh	Md		
Mother's Maiden Name	Mother's Birthplace		
Margaret Hause	"		
Name of person giving information	How related to deceased		
Mrs. Henger	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

X 5X

6 months
about 10 days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.M. Goodwin, M.D.
Providence, R.I.

Filed 1906

Accident or Suicide?



Name
in
Full

Philip J. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Md	
Occupation	Boomer Walker			Where Residing if not at place of death	X	
Married, Single or Widowed	Name of Wife or Husband	Emily R. Smith			Father's Birthplace	Md
Father's Name	Henry Walker			Mother's Birthplace	Md	
Mother's Maiden Name	Lucy Boyd			How related to deceased	sow	
Name of person giving information	Richard Walker					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

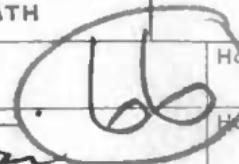
Primary

Paralysis
Exhaustion

How long

3 weeks

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

Yes

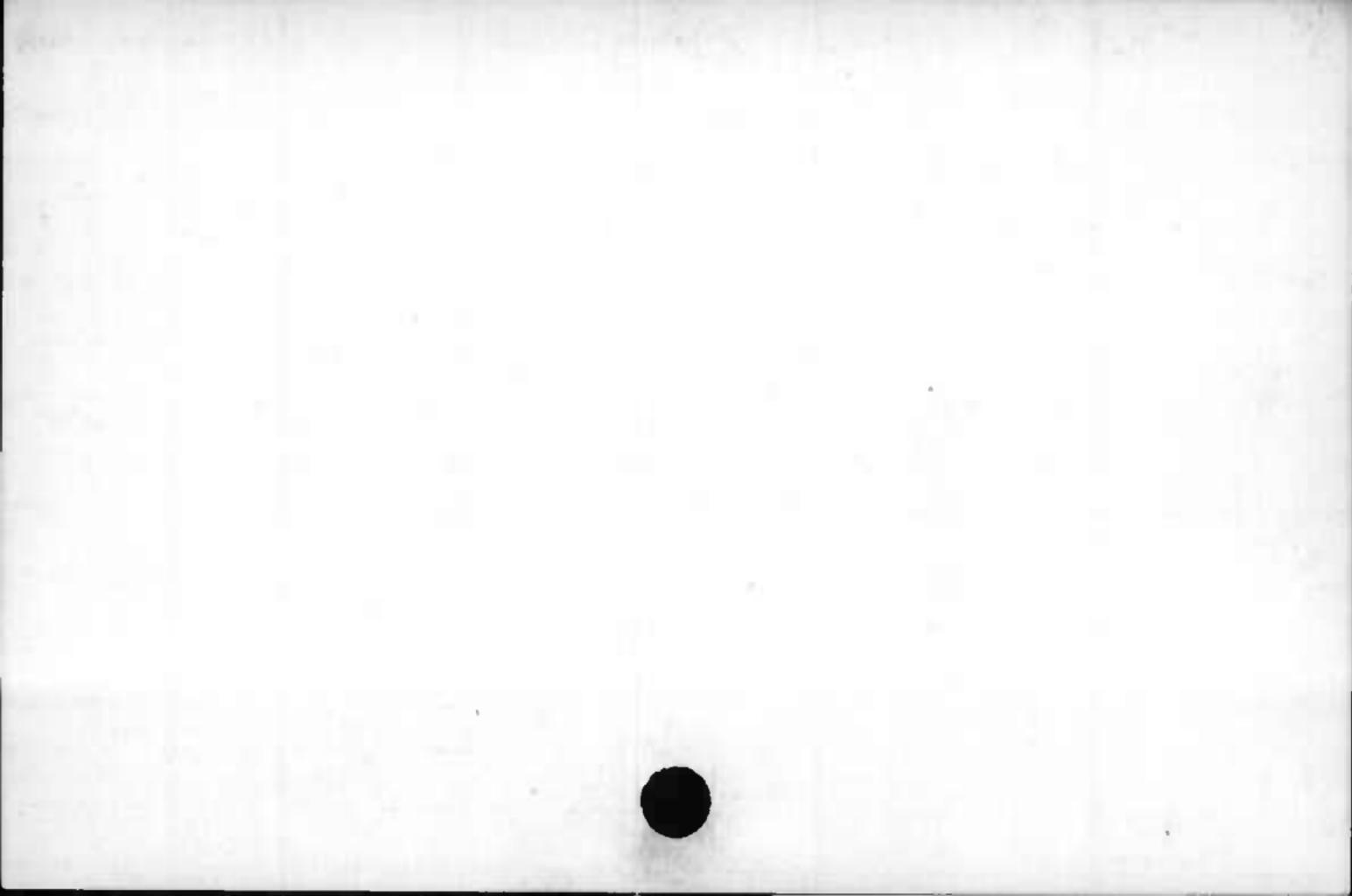
Signature of Physician

G.J. Goodar. M.D.
Frederick,
Md

Address

Accident or Suicide?

No



Name
in
Full

Melvin May Wetzel

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Died at Emmitsburg

County Frederick

Date of death 1906 Month Dec Day 3

Age Years

Months 6

Days 2

Sex Male

Color or Race

white

Birth-place

Emmitsburg

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Edward Wetzel

Father's Birthplace

Md

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

Howard Wetzel

How related
to deceased

Nucle

CAUSES OF DEATH

Primary

Broncho - pneumonia

How long

Four days

Immediate

Hyperpyrexia

How long

Six hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Jamison

Address

Emmitsburg

Md

Accident or Suicide?



Name
in
Full

Wm. Nelson Willhite

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Elizabeth Graham		
Father's Name	Henry Willhite		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	How related to deceased				

1906 Dec 2d 72 years Frederick, Md.

male white Farmer

Married Elizabeth Graham

Henry Willhite (120) son.

Willie Willhite

120

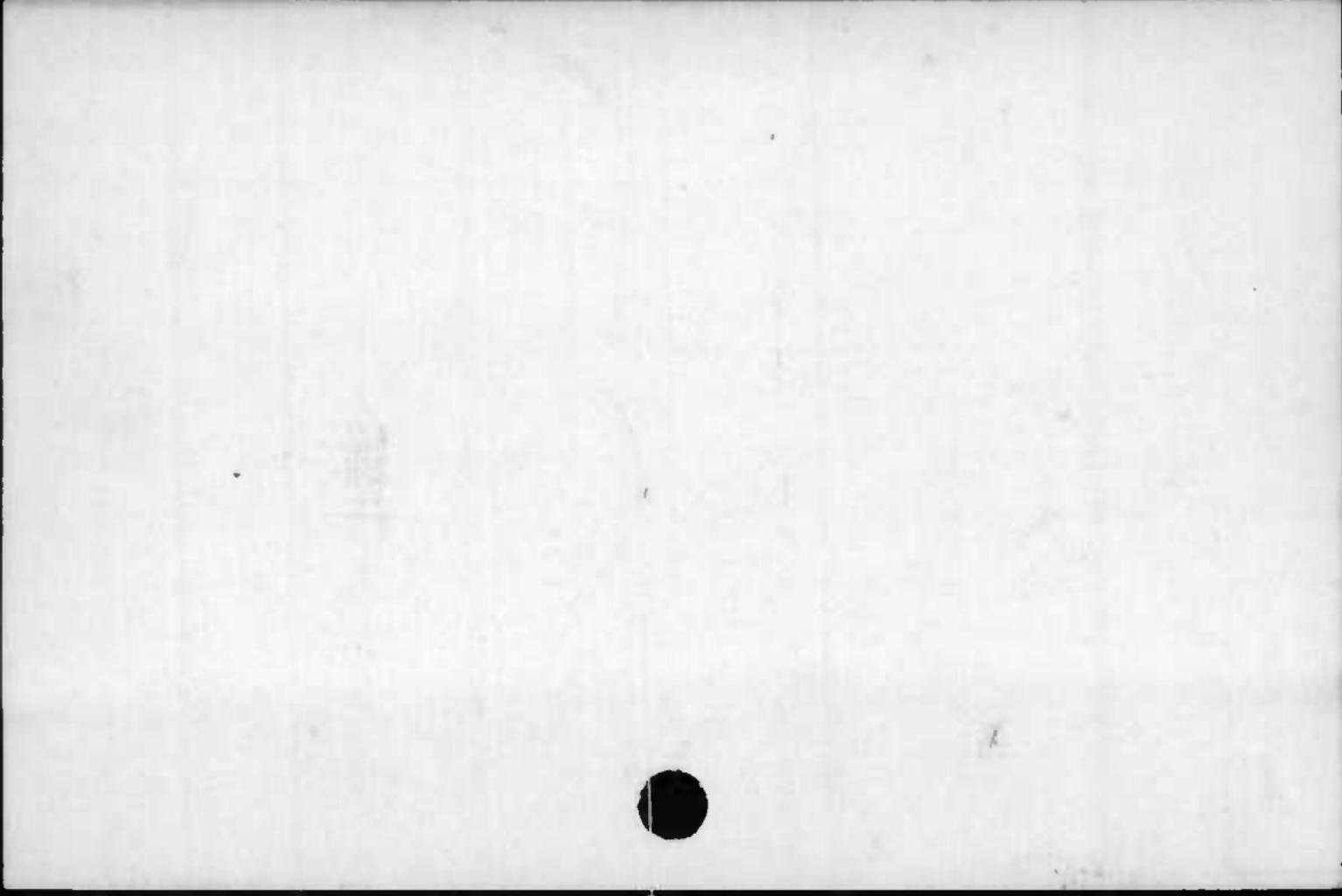
Primary Arterio-sclerosis (hypertension) 3 years.

Immediate Anemia. 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician
Address E. C. Kefauver,
Thurmont, Md.

Accident or Suicide?



Name
in
Full

Hamilton Williams

No. 30

CERTIFICATE OF DEATH

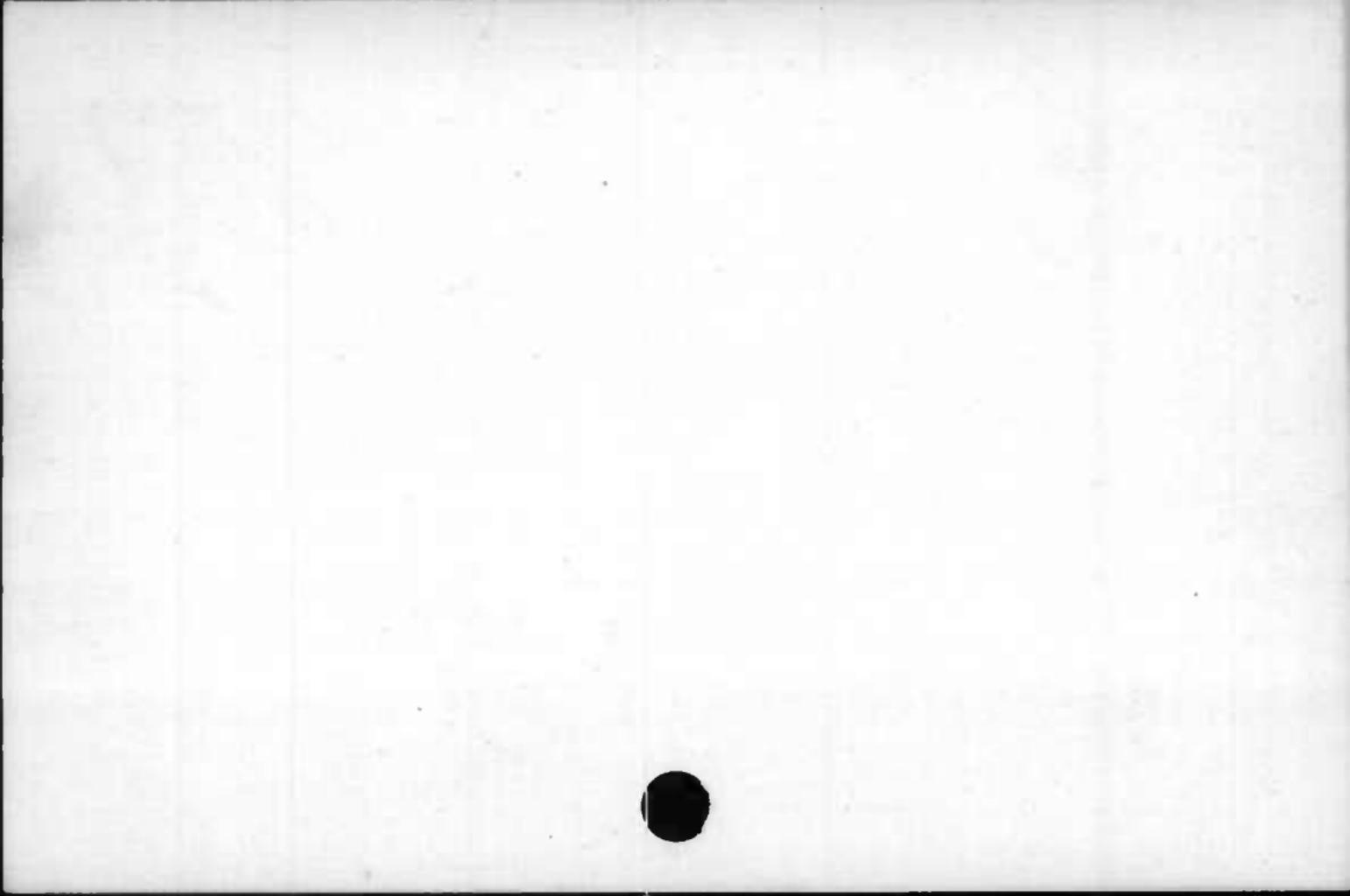
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	New Market		Frederick			
Date of death	Month	Day	Age	Years	Months	Days
1906	12	28		86		
Sex	male	Color or Race	Black		Birth-place	Maryland
Occupation	Laborer		Where Residing If not at place of death		—	
Married, Single or Widowed			Name of Wife or Husband		Susan Williams	
Father's Name	William Williams				Father's Birthplace	Md
Mother's Maiden Name	Don't Know				Mother's Birthplace	"
Name of person giving Information	Thos. Williams				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Stenosis	(64)	How long	for years
Immediate	Hemiplegia	(64)	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Hopkins M.D.
			Address	New Market
Accident or Suicide?		no		Md



Name
in
Full

Amanda Wood No. 27

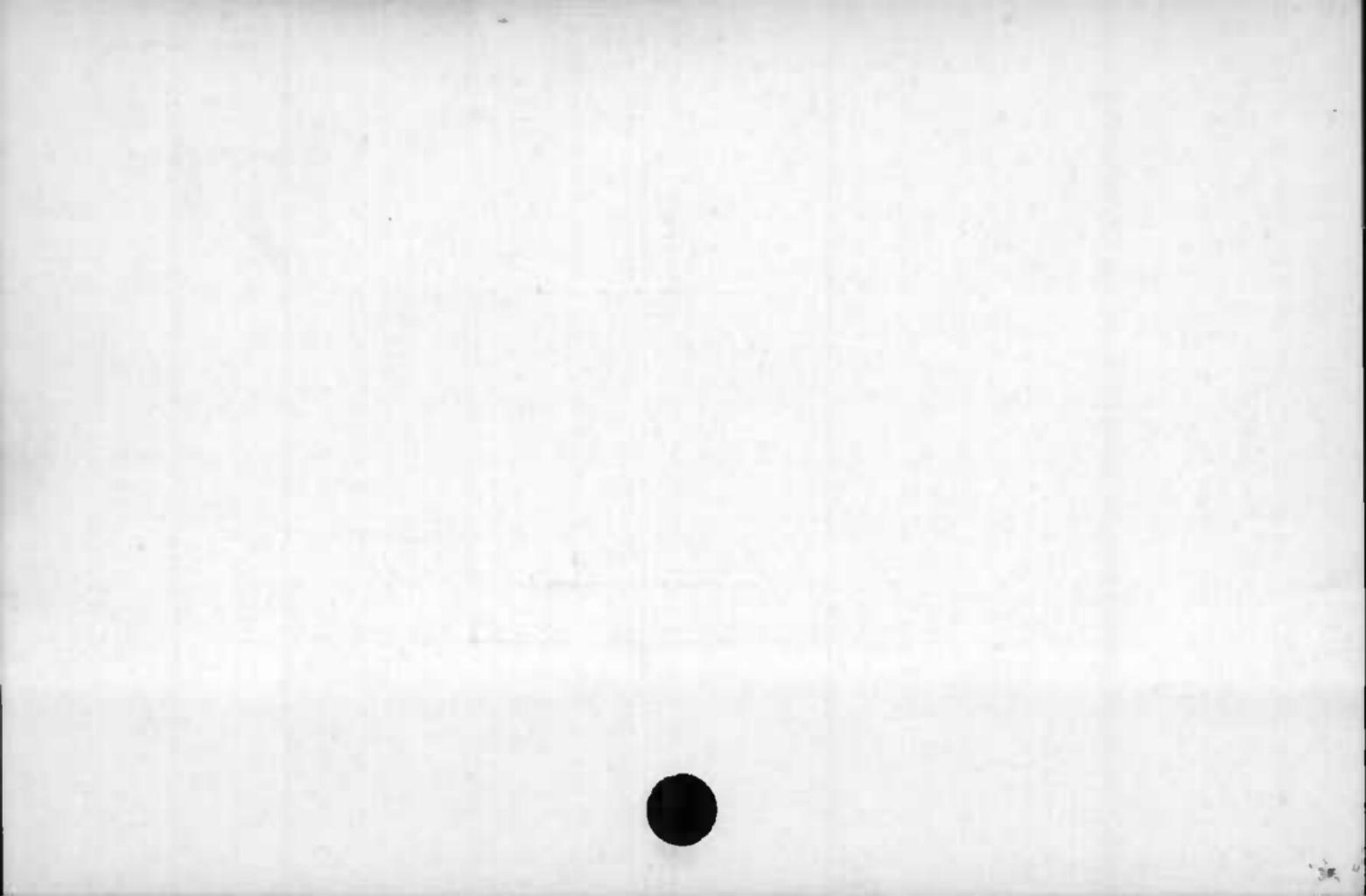
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Name of person giving information			
Father's Name	Mother's Maiden Name				
Mother's Maiden Name	How related to deceased				
Dear Dr. Downey.					

PHYSICIAN
OR CORONER

CAUSES OF DEATH					
Primary	Paralyse's	(B)	How long	3 days	
Immediate	Convalescence	(B)	How long	3 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J.W. Downey	
			Address	Newark Co.	
Accident or Suicide?					



Name
in
Full

Mary Wood No 29

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Market</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>22</u>	Age <u>61</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>		
Occupation <u></u>	Where Residing If not at place of death <u></u>					
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>John Wood</u>					
Father's Name <u>Gruber Wood</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u></u>			Mother's Birthplace <u></u>			
Name of person giving Information <u></u>			How related to deceased <u></u>			

CAUSES OF DEATH

Primary

Hemiplegia

How long

6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H.H. Hopkins M.D.

Address

New Market

PHYSICIAN
OR CORONER

Accident or Suicide?

no

Judik. Co., Md

44

